

## **EXHIBIT A**

OKLJ2  
PAGE 001

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PUBLIC INFORMATION  
INMATE DATA  
AS OF 02-23-2021

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\*

02-23-2021  
10:57:51

REGNO...: 30515-112 NAME: GONZALEZ, GABRIEL

RESP OF: FOR

PHONE...: 870-630-6000

FAX: 870-494-4496

RACE/SEX...: WHITE / MALE

AGE: 53

PROJ REL MT: GOOD CONDUCT TIME RELEASE

PAR ELIG DT: N/A

PROJ REL DT: 09-17-2031

PAR HEAR DT:

G0002

MORE PAGES TO FOLLOW . . .

OKLJ2  
PAGE 002\*  
\*PUBLIC INFORMATION  
INMATE DATA  
AS OF 02-23-2021\*  
\*02-23-2021  
10:57:51

REGNO.: 30515-112 NAME: GONZALEZ, GABRIEL

RESP OF: FOR

PHONE.: 870-630-6000 FAX: 870-494-4496

HOME DETENTION ELIGIBILITY DATE: 03-17-2031

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.  
THE INMATE IS PROJECTED FOR RELEASE: 09-17-2031 VIA GCT REL

-----CURRENT JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION.....: CALIFORNIA, CENTRAL DISTRICT  
DOCKET NUMBER.....: CR04-1189(A)-CAS  
JUDGE.....: SNYDER  
DATE SENTENCED/PROBATION IMPOSED: 08-03-2006  
DATE COMMITTED.....: 09-27-2006  
HOW COMMITTED.....: US DISTRICT COURT COMMITMENT  
PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED.:	\$200.00	\$25.00	\$00.00	\$00.00

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$00.00

-----CURRENT OBLIGATION NO: 010 -----

OFFENSE CODE....: 810 18:242 CIVIL RIGHTS, DEPRIVE  
OFF/CHG: 18:242 (3CTS.) DEPRIVATION OF RIGHTS UNDER COLOR OF LAW.SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE  
SENTENCE IMPOSED/TIME TO SERVE.: 360 MONTHS  
TERM OF SUPERVISION.....: 5 YEARS  
DATE OF OFFENSE.....: 01-09-2003

G0002 MORE PAGES TO FOLLOW . . .

OKLJ2 \*  
PAGE 003 OF 003 \*

PUBLIC INFORMATION  
INMATE DATA  
AS OF 02-23-2021

\*  
\*  
02-23-2021  
10:57:51

REGNO.: 30515-112 NAME: GONZALEZ, GABRIEL

RESP OF: FOR

PHONE.: 870-630-6000 FAX: 870-494-4496

-----CURRENT COMPUTATION NO: 010 -----

COMPUTATION 010 WAS LAST UPDATED ON 03-30-2020 AT DSC AUTOMATICALLY  
COMPUTATION CERTIFIED ON 01-06-2007 BY DESIG/SENTENCE COMPUTATION CTR

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN  
CURRENT COMPUTATION 010: 010 010

DATE COMPUTATION BEGAN.....: 08-03-2006  
TOTAL TERM IN EFFECT.....: 360 MONTHS  
TOTAL TERM IN EFFECT CONVERTED..: 30 YEARS  
EARLIEST DATE OF OFFENSE.....: 01-09-2003

JAIL CREDIT.....:	FROM DATE	THRU DATE
	08-27-2004	08-30-2004
	02-27-2006	08-02-2006

TOTAL PRIOR CREDIT TIME.....: 161  
TOTAL INOPERATIVE TIME.....: 0  
TOTAL GCT EARNED AND PROJECTED..: 1620  
TOTAL GCT EARNED.....: 810  
STATUTORY RELEASE DATE PROJECTED: 09-17-2031  
ELDERLY OFFENDER TWO THIRDS DATE: 02-23-2026  
EXPIRATION FULL TERM DATE.....: 02-23-2036  
TIME SERVED.....: 15 YEARS 1 DAYS  
PERCENTAGE OF FULL TERM SERVED..: 50.0  
PERCENT OF STATUTORY TERM SERVED: 58.6

PROJECTED SATISFACTION DATE.....: 09-17-2031  
PROJECTED SATISFACTION METHOD...: GCT REL

S0055 NO PRIOR SENTENCE DATA EXISTS FOR THIS INMATE



## **EXHIBIT B**

# Governor Hutchinson Confirms State's First Presumptive Positive COVID-19 Case

For Immediate Release 03.11.2020

*Signs Executive Order to Provide Increased Support for State Response*

**LITTLE ROCK** – Governor Asa Hutchinson today confirmed the first presumptive positive case of coronavirus, known as COVID-19, in Arkansas.

The case has been tested positive by the Arkansas Department of Health (ADH) and sent to the Centers for Disease Control and Prevention (CDC) for confirmation. The individual is currently in isolation in a hospital in Pine Bluff. This is an out-of-state travel-related case, and there is no indication that COVID-19 is spreading in Arkansas communities at this time.

Today, Governor Hutchinson also signed an executive order to declare a public health emergency to facilitate coordination and provide increased support to state agencies that are involved in response to the virus. You can find the executive order, EO 20-03, [HERE](#).

“For months, Arkansas has been well prepared to respond to COVID-19. More than two months ago, the Arkansas Department of Health, under the leadership of Dr. Nathaniel Smith, designated more than 70 of its employees to work exclusively on COVID-19. The team has worked tirelessly to coordinate our state’s response to a potential COVID-19 outbreak. Today, I also asked each of my Cabinet secretaries to prepare a continuity of operation plan in the event of an outbreak of the virus. I have also been in frequent communication with Vice President Mike Pence, the CDC, the Department of Health and Human Services, and numerous other governors for updates and information.

“The State is taking measures to respond to the confirmed case appropriately and swiftly so that information and resources are available for Arkansans. We are taking every measure to mitigate the spread of the coronavirus in Arkansas, but the best way to protect yourself from contracting any virus is by practicing healthy habits, washing your hands frequently and thoroughly, and staying close to home if you are not feeling well.”

**Governor’s Media Contact:** Press Shop (press@governor.arkansas.gov)


If you have questions or concerns about COVID-19, you can contact the **Arkansas Department of Health** at 800.803.7847 or visit <https://www.healthy.arkansas.gov/>.

## **EXHIBIT C**

**U.S. Department of Justice  
Federal Bureau of Prisons**

Washington, D.C. 20534

March 13, 2020

**MEMORANDUM FOR ALL CHIEF EXECUTIVE OFFICERS****FROM:**  
**ANDRE MATEVOUSIAN, ACTING ASSISTANT DIRECTOR  
CORRECTIONAL PROGRAMS DIVISION**  
**L. CRISTINA GRIFFITH, ASSISTANT DIRECTOR  
HUMAN RESOURCE MANAGEMENT DIVISION****SUBJECT:****CORONAVIRUS (COVID-19) PHASE TWO ACTION PLAN**

The BOP has been planning for coronavirus since January 2020. Phase One activities included guidance from the Health Services Division regarding description of the disease, where the infection was occurring and best practices to mitigate transmission. An agency task force was working in conjunction with subject matter experts in the Centers for Disease Control (CDC) and reviewing guidance from the World Health Organization. The Bureau of Prisons (BOP), after coordination with the Department of Justice and the White House, is implementing Phase Two of our COVID-19 response.

Effective immediately, the following measures are being deployed by the BOP for institution operations in order to mitigate the spread of COVID-19, acknowledging the country will have more confirmed cases in the coming weeks. Due to the high population density of prisons, the BOP is vulnerable to higher rates of infection and transmission within prisons and communities where staff live. These measures are also being put in place to ensure staff remain healthy and available for duty. (Specific guidance for non-institution BOP offices (e.g. Central and Regional Offices and BOP training centers) will be issued for those locations.)

**HIRING:** Staff hiring initiatives will continue.**LOGISTICS:** All institutions should assess their inventories of food, medicines, cleaning supplies, and sanitation supplies. Institutions and regions should also update their pandemic plans and institutions should establish quarantine areas within their facilities, should they be needed.**SOCIAL VISITS:** Social visits will be suspended for 30 days, at which time the suspension will be reevaluated.

*To ensure that inmates maintain community ties, inmate telephone system minutes will be increased to 500 minutes per calendar month Bureau-wide by the Trust Fund Branch.*

**INMATE MOVEMENT:** All inmate internal movement will be suspended for 30 days, at which time the suspension will be reevaluated. Exceptions to this suspension are transfers related to forensic studies, writs, Interstate Agreements on Detainers (IAD), medical or mental health reasons, and RRC placements. Admission of newly-committed inmates will continue. Other case-by-case exceptions for judicial proceedings may be brought to the attention of the appropriate Regional Counsel for consideration.

*All intra-agency movements are suspended. Local medical trips should still continue, as necessary.*

**LEGAL VISITS:** Legal visits will be suspended for 30 days, at which time the suspension will be reevaluated. Case-by-case approval at the local level and confidential legal calls will be allowed in order to ensure access to counsel.

*Access to legal counsel remains a paramount requirement and should be accommodated to the maximum extent practicable. Although legal visits are generally suspended for 30-days, case-by-case accommodation should be made at the local level. Attorneys should be encouraged to make requests through the main email address for each facility located on bop.gov, telephonically or by contacting the appropriate Consolidated Legal Center (CLC). The CEO must designate staff at the institution to monitor the email box on an ongoing, regular basis.*

*If approved for an in-person visit, the attorney will need to undergo screening using the same procedures as staff. The overall authority to approve legal visits lies with the Warden.*

**OFFICIAL STAFF TRAVEL:** Official staff travel, with the exception of relocation travel, will be suspended for 30 days, at which time the suspension will be reevaluated. Any exceptions must be approved by the BOP Deputy Director.

**TRAINING:** All staff training is suspended for 30 days, (to include conferences and meetings), with the exception of ICT1 and ICT2, at which time the suspension will be reevaluated. Any exceptions must be approved by the Deputy Director.

*Larger training facilities should be used for ICT1, where practicable, to accomplish social distancing.*

**CONTRACTORS:** Contractors performing essential services or necessary maintenance on essential systems will continue, and will be screened using the same procedures as for staff prior to entry.

*Essential services include, for example, medical services, mental health services, religious services and critical infrastructure repairs.*

**VOLUNTEERS:** Volunteer visits will be suspended for 30 days, unless approved by the Deputy Director of the BOP. The suspension will be reevaluated in 30 days. Alternate means of communication will be considered for inmates who request to speak with a religious advisor.

*Alternate means of communication should include telephone calls, video conferences and other appropriate forms of communication. If approved for an in-person visit, the volunteer will need to undergo screening using the same procedures as staff*

**SCREENING OF STAFF:** Enhanced health screening of staff will be implemented in areas with “sustained community transmission” and at medical referral centers. “Sustained community transmission” is determined by the CDC and will be indicated on the map on this resource page: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html> where state community transmission indicates “Yes”. Such screening includes self-reporting and temperature checks for the next 30 days, at which time the process will be reevaluated.

*An updated screening tool will be distributed to institutions in “sustained community transmission” areas and to medical referral centers. CEOs in those areas should work with their Health Services Administrator to designate a qualified health care professional to be available on all shifts to administer the temperature checks and record it on the screening form. Employees performing the screening must have appropriate PPE, to include the N-95 respirator, face shield/goggles, gloves and a gown.*

*Given the public health emergency, staff who refuse the enhanced health screening will be denied entry and may be subject to disciplinary action.*

*If staff register an oral temperature of greater than or equal to 100.4 degrees (Fahrenheit), they will be denied entry to the facility and put on sick leave. If an employee comes to work with any symptoms of illness, please refer to the [OPM guidance issued on Saturday, March 7th](#) (Section F).*

**SCREENING OF INMATES:** Field sites should continue to screen inmates for COVID-19 following previously indicated practices:

- All newly-arriving BOP inmates are screened for COVID-19 exposure risk factors and symptoms.
- Asymptomatic inmates with exposure risk factors are to be quarantined.
- Symptomatic inmates with exposure risk factors are to be isolated and tested for COVID-19 per local health authority protocols
- **To-date, no inmates have tested positive for COVID-19 in the BOP.**

**TOURS:** Tours will be suspended for 30 days, at which time the suspension will be reevaluated. Any exceptions must be approved by the Deputy Director.

*Requests should be routed through the appropriate Regional Director to the applicable Assistant Director (for example, judicial requests through OGC, legislative requests through IPPA, etc.). If approved, participants will need to undergo screening using the same procedures as staff*

**MODIFIED OPERATIONS:** For the next 30 days, Wardens should implement modified operations to maximize social distancing in our facilities, as much as practicable. The suspension will be reevaluated in 30 days. In recognition of First Step Act requirements, programs should continue to be operated when feasible. CEOs and UNICOR staff should endeavor to maintain operations of UNICOR factories as long as practicable, with consideration of this guidance.

All Program Reviews and ACA/PREA audits will be rescheduled once normal operations are resumed.

*CEOs should consider staggered meal times and staggered recreation times, for example, in order to limit congregate gatherings. All community service projects should also be suspended for 30 days.*

**PRIVATE CONTRACTORS:** This COVID-19 guidance will be shared with private prisons and Residential Reentry Centers (RRCs) for dissemination to staff and inmates in these facilities, so that similar protocols can be implemented.

**Questions:** If staff have questions about COVID-19, they may reach out to the agency through [COVID19Questions@bop.gov](mailto:COVID19Questions@bop.gov).

We appreciate your assistance and cooperation in this important matter.

## ATTACHMENT A – SAMPLE WARDEN MEMO TO INMATES

### MEMORANDUM FROM WARDEN

**SUBJECT: BOP CORONAVIRUS (COVID-19) PROTECTIVE MEASURES**

As you may be aware in talking to persons in the community, the United States is seeing an increase in the number of confirmed cases of infected persons. Effective immediately, the following actions are being taken by the Bureau of Prisons (BOP) in order to prevent or reduce the spread of COVID-19.

**SCREENING OF INMATES:** The BOP is screening inmates for COVID-19 using established practices:

- All newly-arriving BOP inmates are screened for COVID-19 exposure risk factors and symptoms.
- Asymptomatic inmates with exposure risk factors are being quarantined.
- Symptomatic inmates with exposure risk factors are to be isolated and tested for COVID-19 per local health authority protocols
- **To-date, no inmates have tested positive for COVID-19 in the BOP.**

**SOCIAL VISITS:** Social visits are suspended for 30 days, at which time the suspension will be reevaluated.

*To ensure that inmates maintain community ties, inmate telephone system minutes will be increased nationally to 500 minutes per calendar month.*

**INMATE MOVEMENT:** Inmate movement between facilities is suspended for 30 days, at which time the suspension will be reevaluated. BOP will make exceptions for special cases such as writs for prosecution on pending charges, Interstate Agreements on Detainers (IAD), medical or mental health reasons, and RRC placements. The BOP will also continue to process and admit new inmates. Other case-by-case exceptions for judicial proceedings may also be made.

*Local medical trips will be made, as necessary.*

**LEGAL VISITS:** Legal visits will be suspended for 30 days, at which time the suspension will be reevaluated. Case-by-case approval at the local level and confidential legal calls will be allowed in order to ensure access to counsel.

***Access to legal counsel will be accommodated to the maximum extent practicable. Although legal visits are generally suspended for 30-days, you may make a request to your Unit Team, who will forward it to the institution's Legal Department for review and final approval by the Warden. Attorneys will be screened prior to being admitted to the facility.***



**VOLUNTEERS:** Volunteer visits will be suspended for 30 days, with limited exceptions. The suspension will be reevaluated in 30 days. Inmates who wish to speak with a religious advisor should make a request through their Unit Team.

**MODIFIED OPERATIONS:** For the next 30 days, the facility will operate on a modified basis to limit inmate group contact, as much as possible. This action is necessary to limit the transmission of the disease if anyone becomes infected. The suspension will be reevaluated in 30 days.

We appreciate your assistance and cooperation in this important matter.

## **EXHIBIT D**



U.S. Department of Justice

Federal Bureau of Prisons

Federal Correctional Complex  
Forrest City, AR 72335

March 13, 2020

MEMORANDUM FOR FCC FORREST CITY INMATE POPULATION

*DeWayne Hendrix*

FROM: DeWayne Hendrix, Complex Warden  
FCC Forrest City

SUBJECT: BOP CORONAVIRUS (COVID-19) PROTECTIVE MEASURES

As you may be aware in talking to persons in the community, the United States is seeing an increase in the number of confirmed cases of infected persons. Effective immediately, the following actions are being taken by the Bureau of Prisons (BOP) in order to prevent or reduce the spread of COVID-19.

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- Asymptomatic inmates with exposure risk factors are being quarantined.
- Symptomatic inmates with exposure risk factors are to be isolated and tested for COVID-19 per local health authority protocols

➤ To-date, no inmates have tested positive for COVID-19 in the BOP.

**SOCIAL VISITS:** Social visits are suspended for 30 days, at which time the suspension will be reevaluated. To ensure that inmates maintain community ties, inmate telephone system minutes will be increased nationally to 500 minutes per calendar month.

**INMATE MOVEMENT:** Inmate movement between facilities is suspended for 30 days, at which time the suspension will be reevaluated. BOP will make exceptions for special cases such as writs for prosecution on pending charges, Interstate Agreements on Detainers (IAD), medical or mental health reasons, and RRC placements. The BOP will also

continue to process and admit new inmates. Other case-by-case exceptions for judicial proceedings may also be made. Local medical trips will be made, as necessary.

**LEGAL VISITS:** Legal visits will be suspended for 30 days, at which time the suspension will be reevaluated. Case-by-case approval at the local level and confidential legal calls will be allowed in order to ensure access to counsel.

*Access to legal counsel will be accommodated to the maximum extent practicable. Although legal visits are generally suspended for 30-days, you may make a request to your Unit Team, who will forward it to the institution's Legal Department for review and final approval by the Warden. Attorneys will be screened prior to being admitted to the facility.*

**VOLUNTEERS:** Volunteer visits will be suspended for 30 days, with limited exceptions. The suspension will be reevaluated in 30 days. Inmates who wish to speak with a religious advisor should make a request through their Unit Team.

**MODIFIED OPERATIONS:** For the next 30 days, the facility will operate on a modified basis to limit inmate group contact, as much as possible. This action is necessary to limit the transmission of the disease if anyone becomes infected. The suspension will be reevaluated in 30 days.

## **EXHIBIT E**





# FCC FORREST CITY

## INMATE BULLETIN

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### COVID19 UPDATE

As you are aware, some staff and inmates have tested positive for COVID-19. We are doing everything to mitigate, isolate and contain the spread of this virus.

We are making every effort to keep all staff and inmates safe. Please be patient with the staff and adhere to their directions as they are receiving information from the Executive Staff and working hard to implement those directives. The operation is changing daily as we are receiving information from the Arkansas Department of Health and the Center for Disease Control (CDC). The health and safety of all inmates and staff are paramount, so please follow the instructions of the staff so we can ensure everyone's safety. There is no certainty as when the operations of this complex will go back to normal but the staff are doing everything possible to ensure the safety, health and well-being of everyone.

The Director put out guidance to ease the burden of the inmate population so please read that guidance as it pertains to the minutes and phone calls. I understand that you are unable to visit with your family right now, but for the safety of you and your families, remaining quarantined is the safest measure to take at this time. As information comes out, you will continue to be updated. Remain in your living areas and follow the prescribed directives you have received until directed otherwise.

*Dewayne Hendrix*

Dewayne Hendrix, Complex Warden

*4/8/2020*

Date

## COVID-19 (coronavirus)

### tips for staying healthy and positive

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BOP is taking steps to stop the spread of COVID-19 throughout our institutions. The plan includes increasing social distancing, enhanced sanitation, supply management, and medical care. The steps needed to keep everyone healthy may result in feelings of anxiety, stress, boredom, or frustration. Sometimes, anxiety grows when we feel a loss of control. Here are some tips for taking care of your mental and physical health that can help you have some control during this difficult time:

1. **Wear a mask, when you are issued one.** COVID-19 spreads through droplets that come out as people talk, sneeze, or cough close to one another. It can spread between people who are sick, but don't show any symptoms yet. Since people can spread COVID-19 when they don't know they are sick, everyone needs to wear a mask to keep the disease from spreading.
2. **Limit contact with people.** We are taking steps to reduce contact between individuals in our prisons. This may include reducing the number of inmates in the dining hall at any one time or confining inmates in their units or cells. This can be frustrating and uncomfortable, but it is necessary to keep everyone healthy. The same type of social distancing is happening in the community- it is a challenge for everyone.
3. **Wash your hands.** Wash your hands frequently with soap and water for at least 20 seconds. Avoid touching your face. Avoid touching surfaces that many other people have touched like railings or door handles (it might help to keep your hands in your pockets when you are out of your cell). If you sneeze or cough, do so into a tissue or your elbow and wash your hands afterward.
4. **Take care of your health.** If you are prescribed medication, take it exactly as directed. Choose healthy foods and exercise as you are able. If you cannot leave your cell, find ways stretch or do other movement. If you feel sick, alert staff immediately.
5. **Decide how you'll stay connected.** Make a list of friends and family and decide how you will stay in contact with them through letters, phone calls, and/or email.
6. **Create a routine.** Structure your day as much as possible to stay active and engaged. This may involve reading, writing letters, listening to music, or religious study. Try to avoid naps to improve your sleep at night.

7. **Ask staff for help.** When programs have to be suspended, Staff from Health Services, Psychology Services, Chaplaincy Services, Education, and other areas will be making rounds in your units. Ask them for materials or talk with them about what you need.
8. **Find ways to relax.** Look for ways to manage stress. You might try deep breathing, stretching, or meditation. Doing something kind for another person can change your perspective.





# FCC FORREST CITY

## INMATE BULLETIN

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### CLOTH FACE MASKS HOW TO CARE FOR YOUR MASK

Three cloth masks will be issued to each inmate and you are responsible for taking care of them. Please see the document on how to care for your mask; how to put it on, take it off and how to clean them. Be advised to continue to wash your hands and keep your area clean. Regular disinfecting is paramount to fighting this virus.

Please ensure you follow the instructions for caring for your masks as they are your responsibility. Make sure when you remove your mask carefully grab it from the back in order to keep from placing your hands in your facial area. Lastly, under no circumstances should you share your masks with another inmate. The masks you are given is for your use only. Please keep them on and maintain the other two masks in your locked locker.

As we continue to fight this COVID19 virus, your assistance is needed. Again, keep your areas sanitized, wash your hands, and keep your masks on.

*DeWayne Hendrix*

DeWayne Hendrix, Complex Warden

4/9/2020  
Date

# Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

## How to Wear Cloth Face Coverings

Cloth face coverings should—

- fit snugly but comfortably against the side of the face
- be secured with ties or ear loops
- include multiple layers of fabric
- allow for breathing without restriction
- be able to be laundered and machine dried without damage or change to shape

## CDC on Homemade Cloth Face Coverings

CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), **especially** in areas of significant community-based transmission.

CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the cloth face covering without assistance.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

## Should cloth face coverings be washed or otherwise cleaned regularly? How regularly?

Yes. They should be routinely washed depending on the frequency of use.

## How does one safely sterilize/clean a cloth face covering?

A washing machine should suffice in properly washing a cloth face covering.

## How does one safely remove a used cloth face covering?

Individuals should be careful not to touch their eyes, nose, and mouth when removing their cloth face covering and wash hands immediately after removing.



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)



**COVID**  
CORONAVIRUS  
DISEASE  
**19**

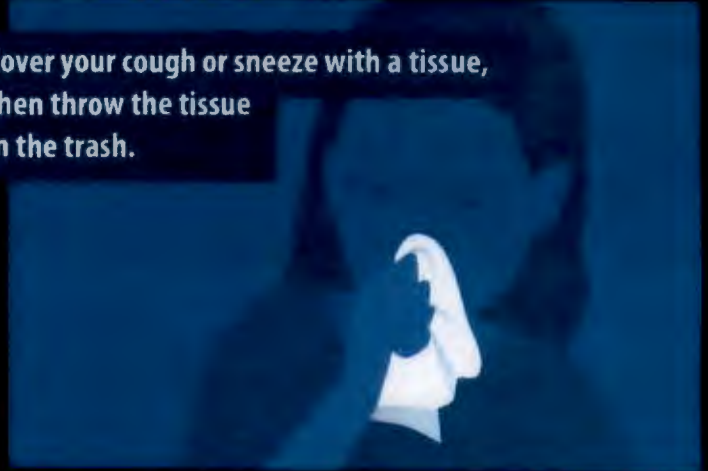
# STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



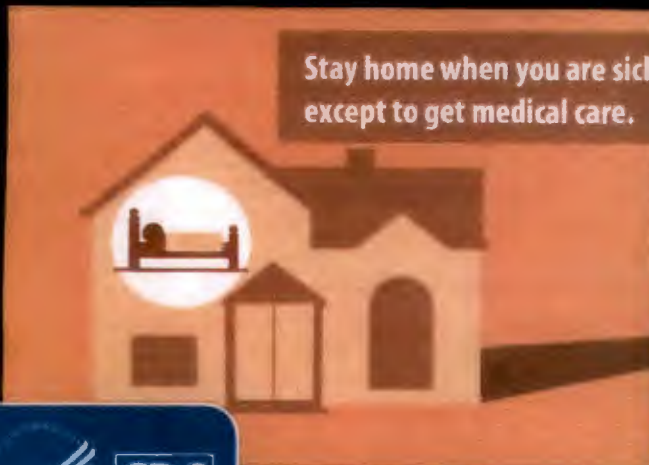
Avoid touching your eyes, nose, and mouth.



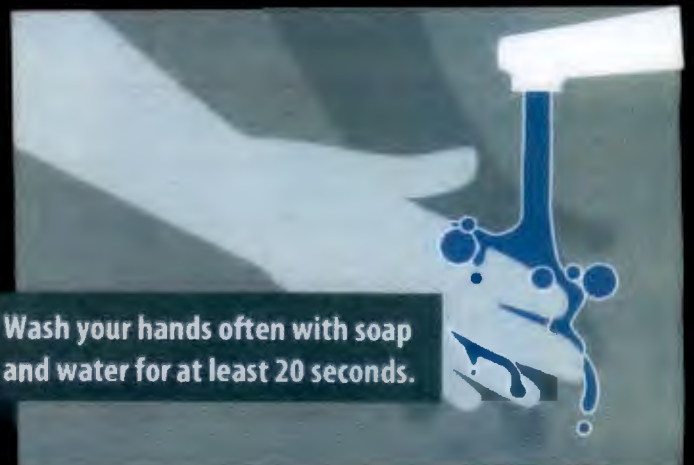
Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



Wash your hands often with soap and water for at least 20 seconds.



For more information: [www.cdc.gov/COVID19](https://www.cdc.gov/COVID19)

# Wash Your Hands!

Keeping hands clean is one of the best ways to prevent the spread of infectious diseases like influenza and other emerging diseases.



## When should you wash your hands?

- Before and after caring for someone who is sick.
- Before and after treating a cut or wound.
- After using the toilet.
- After blowing your nose, coughing, or sneezing.
- After touching garbage.
- Before, during, and after preparing food.
- Before eating.

## What is the right way to wash your hands?

- Wet your hands with clean running water (warm or cold) and apply soap.
- Rub your hands together to make lather and scrub well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
- Continue rubbing your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- Rinse your hands well under running water.
- Dry your hands using a clean towel or air.



## What about Hand Sanitizer?

Washing hands with soap and water is the best way to reduce the number of germs on them. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do **not** eliminate all types of germs.

**Hand sanitizers may not be as effective when hands are visibly dirty.**

How should you use hand sanitizer?

- Apply the product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the product over all surfaces of your hands and fingers until your hands are dry.



For more information on hand washing please visit the Centers for Disease Control website: Please visit CDC's [Handwashing website](#).



# Share facts about COVID-19

Know the facts about coronavirus (COVID-19) and help stop the spread of rumors.

**FACT  
1**

**Diseases can make anyone sick regardless of their race or ethnicity.**

Fear and anxiety about COVID-19 can cause people to avoid or reject others even though they are not at risk for spreading the virus.

**FACT  
2**

**For most people, the immediate risk of becoming seriously ill from the virus that causes COVID-19 is thought to be low.**

Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more serious complications from COVID-19.

**FACT  
3**

**Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.**

For up-to-date information, visit CDC's coronavirus disease 2019 web page.

**FACT  
4**

**There are simple things you can do to help keep yourself and others healthy.**

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- When in public, wear a cloth face covering that covers your mouth and nose.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

**FACT  
5**

**You can help stop COVID-19 by knowing the signs and symptoms, which can include:**

- Fever
- Cough
- Shortness of breath

Seek medical attention immediately if you or someone you love has emergency warning signs, including:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or not able to be woken
- Bluish lips or face

This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.



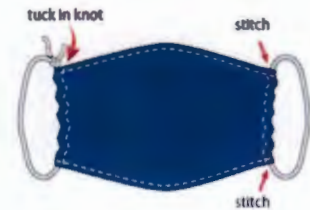


# Information for INMATES

## Cloth Face Coverings

### Help Slow the Spread of COVID-19

- Based on guidance from the CDC, the BOP now recommends all inmates wear cloth face coverings.
- All inmates will receive a cloth face covering.
- This covering is re-useable and should not be thrown away.
- It is still important to maintain social distancing of 6 feet, when possible.



### How to Wear a Cloth Face Covering

- Make sure it fits snugly but comfortably against the side of the face. Secure with ties or ear loops.
- Use a cover with multiple layers of fabric but make sure it allows for breathing without restriction.
- Be careful not to touch your eyes, nose, or mouth when removing and wash hands immediately after.
- Do not put used face coverings where others can touch them.
- Do not touch or use anyone else's face covering. Assume used masks are contaminated until they are laundered.
- When not using your cloth face covering, store it in your personal locker where the cover will not become soiled or picked up by others.
- If you must take off your face covering and then put it back on before laundering, ensure the part of the covering that was facing out stays facing out. (Consider marking the outside or inside).



### Routinely Wash Cloth Face Coverings

- The cover should be washed before the first use.
- Inmates should send cloth face coverings through the institution wash cycles with other clothing.
- Launder face coverings using the warmest water setting and dry completely.





**U.S. Department of Justice**

Federal Bureau of Prisons

*Federal Correctional Complex*

April 14, 2020

**MEMORANDUM FOR ALL INMATES**

FROM:

*DeWayne Hendrix*  
DeWayne Hendrix, Complex Warden

SUBJECT:

COVID-19 Update-Medium Component

Thanks for your continued patience and cooperation as we manage the COVID-19 pandemic. Unfortunately, there has been increase in inmate cases within the Federal Bureau of Prisons, and more specifically at this complex. As a result, the restrictions imposed on March 31, 2020, will be extended. This is done to ensure the safety and welfare of all staff and inmates. This plan continues to emphasize extensive sanitation practices, social distancing, and preventing cross-contamination with inmates and staff.

**Effective April 13, 2020 through May 18, 2020:**

- UNICOR-operational in accordance with CDC guidelines for (mask production)
- All programming suspended
- All meals will be served inside the unit; to the extent possible at a minimum, one hot meal will be served daily
- Commissary spending limit increased to \$50
- Laundry exchanges will occur weekly
- Telephone and Email use will continue to occur on a schedule
- Ill inmates will continue to be seen by medical staff and sick call will remain in effect
- Legal mail will continue to be processed
- Inmates congregating and gathering is prohibited
- Social visiting at inmates' doors or cubicles is prohibited
- Staff will make Unit Rounds

- RRC placements/releases continue to be processed
- Inmates who are eligible for home confinement are being reviewed at this time. Inmates who are deemed eligible will be notified and the appropriate documents will be processed. It is not necessary to put in cop-outs as all inmates will be reviewed and a determination of eligibility will be made.

**Additional Recommendations:**

- Inmates should sleep head to toe instead of head to head
- Inmates should wear masks at all times within the unit
- Handwashing should occur for 20 seconds
- Inmate showers will occur 3 times weekly
- Refrain from touching eyes, nose, and mouth as much as possible
- Continue to clean high touch areas after every use
- Try to maintain a distance of 6 feet from all individuals in and out the cell
- Please report any COVID-19 symptoms immediately
- Clothes lines, washing clothes in cells and other poor sanitation practices are prohibited. If you are discovered engaging in these prohibited practices, you will be deemed a sanitation risk and may lose limited privileges

Finally, as discussed previously, I realize this is a challenging situation, which is not optimal and/or perfect. However, the ultimate objective is to minimize the opportunity for COVID-19 exposure and infection within our facility. Therefore, we will not increase the number of inmates that will be allowed out of cells or extend times for phones or emails. In order to accomplish this objective, opportunities for human interaction must remain limited. This will be reevaluated after May 18, 2020. Please be mindful, this is a **national emergency** requiring the utmost patience, understanding and flexibility. We will overcome the challenge in time. Thank you for your cooperation during this time.





U.S. Department of Justice

Federal Bureau of Prisons

Federal Correctional Complex  
Forrest City, AR 72335

April 20, 2020

MEMORANDUM FOR INMATE POPULATION

*DeWayne Hendrix*

FROM: DeWayne Hendrix, Complex Warden

SUBJECT: Inmate Phone Calls - Restrictions

Upon the issuance of this memorandum, inmates on restriction will be allowed to utilize the TRULINCS phones until the conclusion of COVID-19. Any inmate whose restriction has not been lifted will need to submit a cop-out to the SIS Department for authorization.

# Share facts about COVID-19

Know the facts about coronavirus (COVID-19) and help stop the spread of rumors.

FACT

1

**Diseases can make anyone sick regardless of their race or ethnicity.**

Fear and anxiety about COVID-19 can cause people to avoid or reject others even though they are not at risk for spreading the virus.

FACT

2

**For most people, the immediate risk of becoming seriously ill from the virus that causes COVID-19 is thought to be low.**

Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more serious complications from COVID-19.

FACT

3

**Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.**

For up-to-date information, visit CDC's coronavirus disease 2019 web page.

FACT

4

**There are simple things you can do to help keep yourself and others healthy.**

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- When in public, wear a cloth face covering that covers your mouth and nose.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

FACT

5

**You can help stop COVID-19 by knowing the signs and symptoms, which can include:**

- Fever
- Cough
- Shortness of breath

Seek medical attention immediately if you or someone you love has emergency warning signs, including:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or not able to be woken
- Bluish lips or face

This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.





# **FCC FORREST CITY**

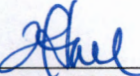
## **INMATE BULLETIN**

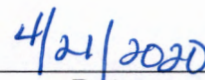
### **Halfway Houses (RRC) or Home Confinement**

Inmates who are releasing to Residential Reentry Centers (RRCs), or Home Confinement will be quarantined in their housing units for a full fourteen days prior to release. During that time if positive cases are identified the fourteen days will start over to ensure all inmates releasing to a RRC or home confinement is symptom free.

The RRC will not accept any inmate unless they have been quarantined a full fourteen days. Therefore, if an active case arises in the housing unit you are assigned your RRC date will be adjusted in accordance with the guidelines.

It is imperative that you work together wiping down all surfaces in high traffic areas to include restrooms, computer tables, phones, and your living quarters on a continuous basis. Additionally, ensure you are exchanging your linen and clothing. It is very important you practice good hygiene in order to combat this virus.

  
T. Hall, PhD.

  
Date





# **FCC FORREST CITY**

## **INMATE BULLETIN**

### **Halfway Houses (RRC) or Home Confinement**

Inmates who are releasing to Residential Reentry Centers (RRCs), or Home Confinement will be quarantined in their housing units for a full fourteen days prior to release. During that time if positive cases are identified the fourteen days will start over to ensure all inmates releasing to a RRC or home confinement is symptom free.

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*T. Hall, PhD.*

T. Hall, PhD.

04-21-2020

Date



# FCC FORREST CITY

## INMATE BULLETIN

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### COVID19 UPDATE

In the spirit of open and honest communication I wanted to inform each of you that inmates have recovered from COVID-19 will be returning to the housing units in the coming days. Rest assured your fellow inmates are no longer sick and have met all Center for Disease Control (CDC) criteria to be released from isolation. Someone who has completed quarantine or been released from isolation does not pose a risk of infection to other people. Our medical personnel has even incorporated an additional 14 days past CDC guidance to ensure the inmates have recovered and to help protect your health.

The guidelines we have implemented for release are actually stricter than what the community is following. As you can imagine they are ready to return to the housing units and we appreciate your cooperation and understanding as they move back in. Please continue to practice social distancing, wear your cloth face covering, wash your hands frequently, and sleep head-to-foot.

**Together, we will get through this!**

*DeWayne Hendrix*

DeWayne Hendrix, Complex Warden

*4/27/20*

Date



# FCC FORREST CITY

## INMATE BULLETIN

### COVID19 UPDATE

At the onset of COVID-19, we partnered with an outside resource to respond to cases of COVID-19 at FCC Forrest City. The outside resource assessed our planning, preparation and initial responses to COVID-19 within FCC Forrest City. Recommendations were given to the staff and adhered to immediately thereafter.

A second visit with the outside source was conducted on April 21, 2020, to analyze the various aspects of transmission and examine testing strategies that might be useful in slowing transmission in a correction setting.

Plan moving forward:

Based on the visits, the outside resource established procedures to sample three (3) test pods (**STRICTLY VOLUNTARY**) at the low component in order to understand the spread of COVID-19 on the compound, beginning April 30, 2020. The pods were chosen based on:

- The number of persons incarcerated who have tested positive on the compound; and
- The number of persons incarcerated within the pods; and
- The pods with the highest number of persons incarcerated who have chronic health conditions.

*DeWayne Hendrix*

DeWayne Hendrix, Complex Warden

*4/29/20*

Date





# **FCC FORREST CITY**

## **INMATE BULLETIN**

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### **FCC FORREST CITY PROCEDURES**

#### **COVID19 Testing Importance & RRC/Home Confinement Placement**

**You are strongly encouraged to participate in the COVID19 test if your unit is chosen in order for Health Services to identify those inmates who have been affected by the virus. Testing is important because it allows individuals to receive the appropriate medical care, and it also helps stop the spread of the virus.**

**There are inmates who have RRC and home confinement dates being moved everyday because someone is testing positive in a pod. If you test now Health Services can identify all positive inmates and these dates will only have to be moved one time. It is to your benefit to test so you can be treated and to keep those around you safe and healthy. Again testing is important and if your pod is chosen to be tested I strongly encourage you to take a few minutes to test.**

**T. Hall, Associate Warden**

**4/30/2020**  
**Date**

## **EXHIBIT F**





U.S. Department of Justice  
Federal Bureau of Prisons  
Federal Correctional Complex  
Forrest City

## Institution Sanitation Plan COVID-19

OPI: Environmental and Safety  
Compliance Department

DATE: May 21, 2020  
SUBJECT: COVID-19 Sanitation Plan

This Sanitation Plan will be implemented in response to the COVID-19 pandemic and will cover all areas of the Institution.

A cleaning schedule, as outlined in this plan, will be utilized to maintain continuous and effective sanitation of all areas of the Institution.

This plan will remain in effect through the duration of the COVID-19 response at FCC Forest City.

1. FCC Forest City Safety Department will issue disinfectant and cleaning supplies to all areas. "Halt" disinfectant will be used as the solution of choice for all areas.
2. Cleaning and disinfecting will be conducted by staff and/or inmate orderlies under the direct/indirect supervision of staff in each area.
3. Inmate orderlies with cleaning and disinfecting responsibilities, will be assigned the same locations when conducting cleaning and disinfecting operations.
4. Staff and inmates with cleaning and disinfecting responsibilities will be provided and will utilize proper PPE.
5. Foggers and Misters will be utilized where applicable.

FCC Forest City utilizes the following EPA N-List approved chemicals for COVID-19 Cleaning and Disinfecting.

1. Germicidal Bleach - Wet time: 5 minutes
2. HDQC2 (HALT) - Wet time: 10 minutes

3. Avistat-D - Wet time: 3 minutes

4. TriBass-17 Cleaner

Inmates will only be allowed to utilize these chemicals in their ready to use form, unless under the direct supervision of staff.

The following schedule will be utilized for cleaning and disinfecting operations for the duration of the Institution's COVID-19 response. It is supplemental to the local housekeeping plan.

FCC Forrest City - Cleaning/Disinfecting Schedule		
TASKS	CLEAN	DISINFECT
Windows/Ledges	Clean Daily.	Disinfect daily.
Toilets/Sinks	Clean continuously, assign inmate orderlies 2 hour shifts with indirect supervision. (Bleach Solution).	Disinfect daily, utilizing misters/foggers after 12am count.
Trash Receptacles	Empty 3 times daily, or as needed.	Disinfect daily utilizing misters/foggers after 12am count.
Floors, Stairs, & other Walking Surfaces	Sweep and damp mop daily.	Disinfect daily after utilizing mister/fogger.
Telephone/Trulink	Assign phone covers to each inmate. Add keyboard covers to each TRU keyboard. Clean continuously, assign inmate orderlies 2 hour shifts with indirect supervision to clean/disinfect after each use.	Disinfect daily wiping down with damp cloth after 12am count.
Drink Fountains	Clean continuously, assign inmate orderlies 2 hour shifts with indirect supervision.	Disinfect daily utilizing misters/foggers after 12am count.
Door/Door Jams	Clean multiple times daily.	Disinfect Daily.
Mop Sinks	Rinse and clean after every use.	Disinfect twice daily.

Mop Buckets	Empty and rinse after every use.	Disinfect after each use.
Wet Mop Heads	Replace after each use.	Launder daily.
Dust Mop Heads	Replace after each use.	Launder daily.
Furnishings/Hand Rails/Light Switches/Door Handles & Knobs/Outside handrails	Clean continuously, assign inmate orderlies 2 hour shifts with indirect supervision.	Disinfect daily utilizing misters/foggers after 8am.
<b>Areas of Concern</b>	<b>Clean</b>	<b>Disinfect</b>
Food Service	Clean continuously after each meal. All tables and hard surfaces should be saturated and then wiped down. Orderlies must be assigned to serving areas cleaning after every 25 inmates.	Disinfect daily utilizing misters/spray bottle after the final meal.
Commissary/Laundry/ Psychology/Unicor/Correctional Systems/Facilities	Clean continuously after each service. All tables and hard surfaces should be saturated and then wiped down.	Disinfect daily utilizing misters/foggers after the final service.
Lobbies	Saturate all hard surfaces and staff crates frequently.	Disinfect utilizing misters/spray bottle after every shift.
Housing Units	<ul style="list-style-type: none"> <li>-Inmates will be continuously encouraged to clean and wipe down their personal areas</li> <li>-The common areas will be cleaned throughout the day by the orderlies constantly wiping down the hard surfaces.</li> </ul>	<p>Disinfect once daily utilizing misters/spray bottle. All inmates will leave the housing units during the Recreation move in order for their rooms to be saturated.</p> <ul style="list-style-type: none"> <li>-Inmates must be informed to put up all personal items and lock their lockers.</li> <li>-The inmate's lockers, desk, and chairs will be saturated.</li> </ul>
Health Services	Clean and saturate all common areas, tables and hard surfaces each hour (while providing services) then wiped down. Exam areas should be wiped down after each use with Sani-wipes.	Disinfect common areas twice daily utilizing misters/spray bottle after morning and afternoon services.
Outside Recreation	Saturate all high touch	Disinfect daily utilizing



	<b>areas after each unit leaves the area prior to the next unit coming out to Recreation .</b>	<b>misters/foggers after 8am</b>
<b>Inside Recreation</b>	<b>Saturate all areas once a week as it will be closed.</b>	<b>Disinfect all areas once a week as it will be closed.</b>

Staff are responsible for cleaning and disinfecting their office areas using the recommended agents. It is recommended all offices are wiped down daily in order to keep them as sanitized as possible. The departments that are currently closed should at a minimum clean and disinfect the areas once per week.

Staff and inmates, must be equipped with appropriate PPE, and spray disinfectant on all hard surface areas using fogger/mister/sprayer as available. If backpack sprayers are not available, utilize additional staff or inmates and hand held spray bottles to complete this task. Remember to adhere to the wetting time indicated by the disinfectant per the manufacturer. This plan will be reviewed and updated as needed.

## **EXHIBIT G**



# FCC FORREST CITY

## INMATE BULLETIN

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### CLOTH FACE MASKS

Two more cloth masks will be issued to each inmate and you are responsible for taking care of them. Please see the document on how to care for your mask; how to put it on, take it off and how to clean them. Be advised to continue to wash your hands and keep your area clean. Regular disinfecting is paramount to fighting this virus.

Please ensure you follow the instructions for caring for your masks as they are your responsibility. Make sure when you remove your mask carefully grab it from the back in order to keep from placing your hands in your facial area. Lastly, under no circumstances should you share your masks with another inmate. The masks you are given is for your use only. Please keep them on and maintain the other the other masks in your locked locker. Finally, do not write, or draw anything on your masks. If you write or draw on the masks you are issued you will receive an Incident Report for the Destruction of Government property.

As we continue to fight this COVID19 virus your assistance is needed again keep your areas sanitized, wash your hands, and keep your masks on.

*D. Wayne Hendrix*

D. Hendrix, Complex Warden

*6/10/2020*  
Date

## **EXHIBIT H**



**U.S. Department of Justice**

Federal Bureau of Prisons

*Federal Correctional Complex*

August 10, 2020

**MEMORANDUM FOR ALL INMATES**

FROM:

*DeWayne Hendrix*  
DeWayne Hendrix, Complex Warden

SUBJECT:

COVID-19

Thanks for your continued patience and cooperation as we manage the COVID-19 pandemic.

As each of you are aware we have had a slight increase in inmates testing positive throughout the complex. Below are a few reminders for each of you to adhere to.

**COVID-19 Reminders**

- Inmates **must** sleep head to foot
- Inmates **must** wear their face coverings at all times, especially in shared common areas and while within 6 feet of others
- Handwashing should occur for 20 seconds
- Refrain from touching eyes, nose, and mouth as much as possible
- Continue to clean high touch areas after every use
- Try to maintain a distance of 6 feet from all individuals in and out the cell/cubicles
- Please report any COVID-19 symptoms immediately
- Clothes lines, washing clothes in cells and other poor sanitation practices are prohibited. If you are discovered engaging in these prohibited practices, you will be deemed a sanitation risk and may lose limited privileges



BOP Coronavirus (COVID-19) Update  
August 10, 2020  
Page 2

Inmate Uniforms

Effective Monday, August 24, 2020, with the exception of movement to recreation all inmates must be in the proper uniform attire (khaki pants and shirt) when on the compound during the administrative week (Monday through Friday, 7:30 am to 4:00 pm).

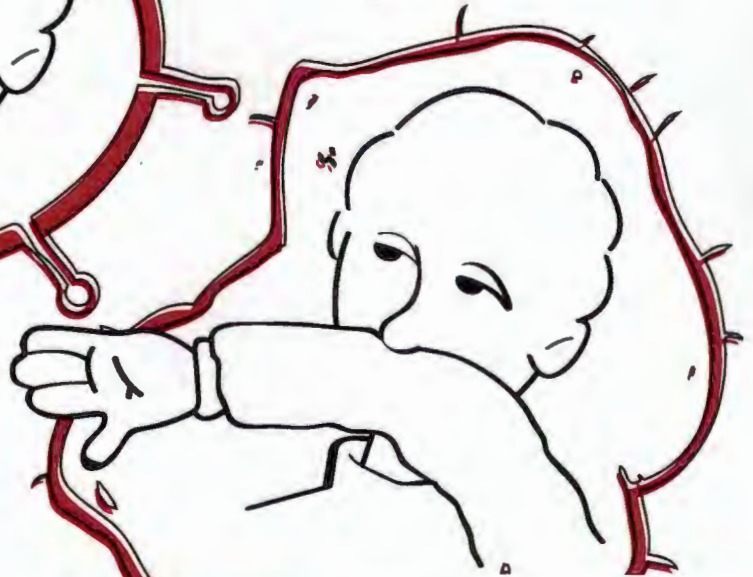
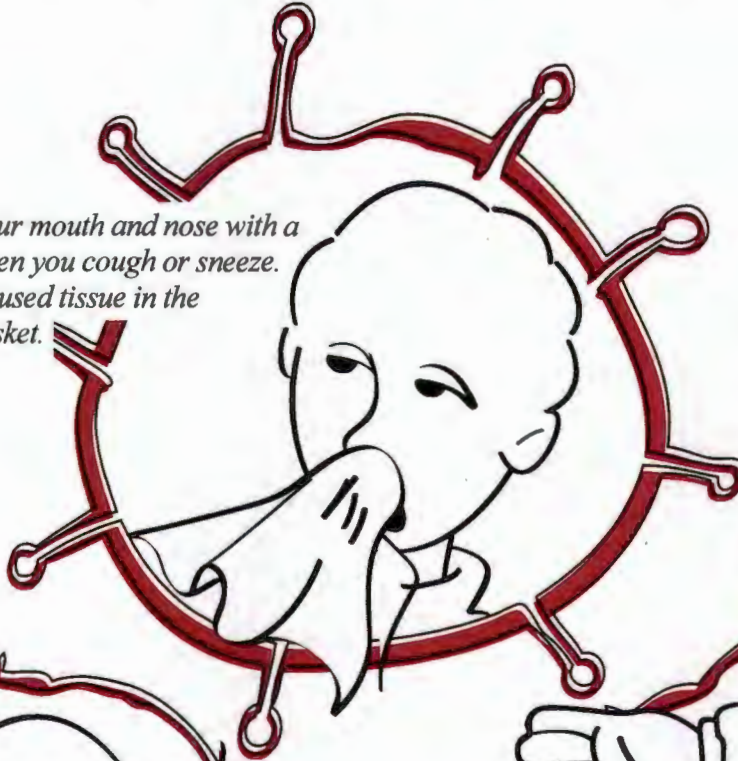
Again, I realize this is a challenging situation, which is not optimal and/or perfect. However, the ultimate objective is to minimize the opportunity for COVID-19 exposure and infection within our facility. I appreciate each of your perseverance.

Together we will get through this!

# Cover Cough

— *Stop the spread of germs that can make you and others sick!* —

*Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.*



*If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.*



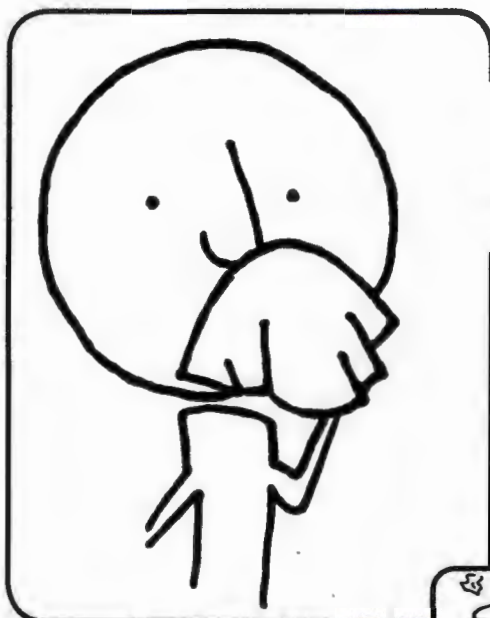
*You may be asked to put on a facemask to protect others.*



*Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.*



# Cubra su tos



Cubra su boca y  
nariz con un  
kleenex cuando  
tosa o estornude

o

tosa o estornude en la  
manga de su camisa,  
no en sus manos.



Deseche el kleenex  
sucio en un basurero.

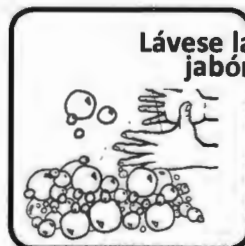


Quizás le pidan ponerse una  
mascarilla quirúrgica para  
proteger a otras personas.



## Lávese las manos

después de toser o estornudar



Lávese las manos con  
jabón y agua tibia

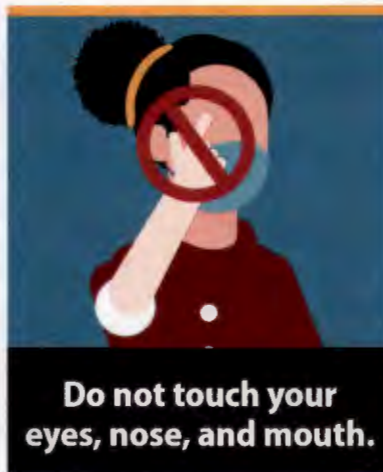
o  
límpielas con un  
limpiador de manos  
a base de alcohol.





# Stop the Spread of Germs

**Help prevent the spread of respiratory diseases like COVID-19.**



# Detenga la propagación de gérmenes

**Ayude a prevenir la transmisión de enfermedades respiratorias como el COVID-19.**





# Symptoms of Coronavirus (COVID-19)

Your symptoms can include the following:

## Fever



If you have COVID-19, you may have mild (or no symptoms) to severe illness.

Symptoms can appear 2-14 days after you are exposed to the virus that causes COVID-19.

## Cough



Seek medical attention immediately if you or someone you love has **emergency warning signs**, including:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or not able to be woken
- Bluish lips or face

This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

## Shortness of breath



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# SÍNTOMAS DE LA ENFERMEDAD DEL CORONAVIRUS 2019

**Los pacientes con COVID-19 han presentado enfermedad respiratoria de leve a grave.**

**Los síntomas\* pueden incluir**

**FIEBRE**



**TOS**



**\*Los síntomas pueden aparecer de 2 a 14 días después de la exposición.**

**Consulte a un médico si presenta síntomas y ha estado en contacto cercano con una persona que se sepa que tiene el COVID-19, o si usted vive o ha estado recientemente en un área en la que haya propagación en curso del COVID-19.**

**DIFICULTAD  
PARA RESPIRAR**



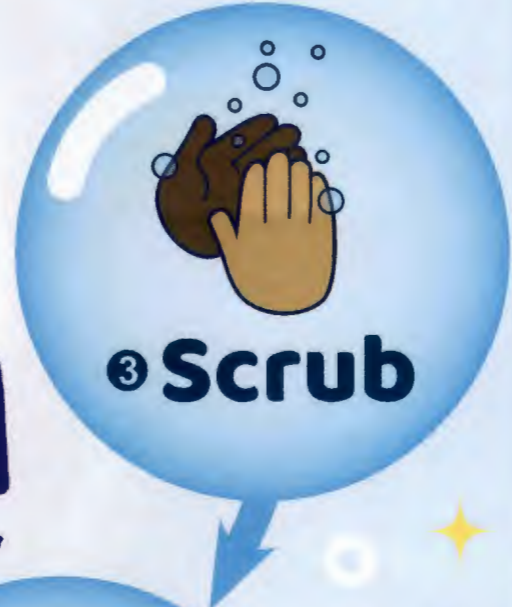
**[cdc.gov/COVID19-es](https://cdc.gov/COVID19-es)**



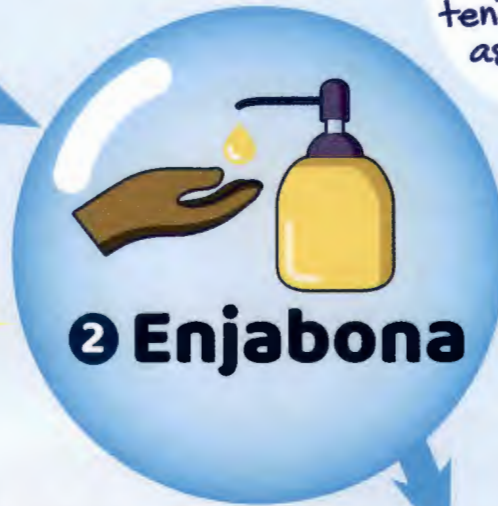


Hands  
that look  
clean can still  
have icky  
germs!

# Wash YOUR HANDS!



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention



¡Aunque las  
manos se vean  
limpias pueden  
tener microbios  
asquerosos!

# ¡Lávate las MANOS!



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention



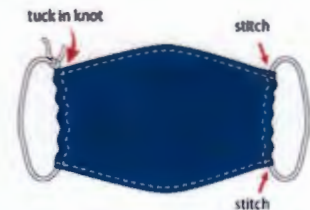


# Information for INMATES

## Cloth Face Coverings

### Help Slow the Spread of COVID-19

- Based on guidance from the CDC, the BOP now recommends all inmates wear cloth face coverings.
- All inmates will receive a cloth face covering.
- This covering is re-useable and should not be thrown away.
- It is still important to maintain social distancing of 6 feet, when possible.



### How to Wear a Cloth Face Covering

- Make sure it fits snugly but comfortably against the side of the face. Secure with ties or ear loops.
- Use a cover with multiple layers of fabric but make sure it allows for breathing without restriction.
- Be careful not to touch your eyes, nose, or mouth when removing and wash hands immediately after.
- Do not put used face coverings where others can touch them.
- Do not touch or use anyone else's face covering. Assume used masks are contaminated until they are laundered.
- When not using your cloth face covering, store it in your personal locker where the cover will not become soiled or picked up by others.
- If you must take off your face covering and then put it back on before laundering, ensure the part of the covering that was facing out stays facing out. (Consider marking the outside or inside).



### Routinely Wash Cloth Face Coverings

- The cover should be washed before the first use.
- Inmates should send cloth face coverings through the institution wash cycles with other clothing.
- Launder face coverings using the warmest water setting and dry completely.

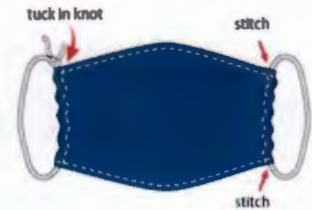


# Información para los reclusos

## Máscara faciales de tela

### Ayuda a disminuir/evitar la propagación de COVID-19

- Basado en la guía del CDC, el BOP ahora recomienda que todos los reclusos usen cubiertas/máscaras de tela para la cara.
- Todos los reclusos recibirán una cubierta/máscara de tela para la cara.
- Esta cubierta/máscara es reutilizable y no debe desecharse.
- Todavía es importante mantener el distanciamiento social de 6 pies, cuando sea posible.



### Cómo usar una cubierta/ máscara facial

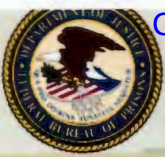
- Asegúrese de que quede ajustada y cómoda a los lados de su cara. Asegúrelo con las tiras o las bandas elasticas para las orejas.
- Use una máscara con varias capas de tela pero asegúrese de que permita respirar sin restricciones.
- Tenga cuidado de no tocarse los ojos, la nariz, o la boca cuando se retire y laves las manos inmediatamente después de retirarla.
- No coloque la cubierta facial usada donde otros puedan tocarla.
- No toque ni use la cubierta facial/máscara de otra persona. Suponga que las máscaras usadas están contaminadas hasta que sean lavadas.
- Cuando no use la cubierta de máscara de su cara, guárdela en su casillero personal, donde la cubierta/máscara no se ensucie ni sea accesible a otra persona.
- Si debe quitarse la máscara y luego volvérsela a poner antes de lavarla, asegúrese de que la parte de la cubierta que estaba hacia afuera permanezca hacia afuera. (Considere marcar el exterior o el interior de la máscara.)



### Lave rutinariamente la tela que cubre la cara

- La cubierta debe lavarse antes del primer uso.
- Los reclusos deben enviar las cubiertas de tela a la lavandería de la institución con su ropa.
- Lave las máscaras con la configuración de agua más caliente y seque completamente.





## What you need to know about Coronavirus Disease 2019 (COVID-19)

You may have heard about the novel coronavirus, also called COVID-19. This illness was first identified a few months ago and has spread around the world in a short time. The Bureau of Prisons has been taking measures to help prevent the spread of COVID-19

### How it Spreads



COVID-19 is a virus. This means it spreads by body fluids and direct contact. It can also live in the air and on surfaces. We are still learning about it, but we think it lives outside the body for many hours.

- ⇒ Between people who are in close contact with one another (within about 6 feet).
- ⇒ Through droplets produced when an infected person coughs or sneezes.

The virus can live on surfaces for several days. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes

### SYMPTOMS

COVID-19 is a respiratory illness - it mainly affects breathing. People who are infected may have a variety of different symptoms.

The most common symptoms include:

- ⇒ Fever
- ⇒ Cough
- ⇒ Shortness of breath

Less common symptoms include

- ⇒ vomiting
- ⇒ diarrhea
- ⇒ headaches
- ⇒ aches and pains
- ⇒ sore throat



### Take steps to protect yourself

- ⇒ Wash your hands often with soap and water for at least 20 seconds especially after you blow your nose, cough, or sneeze.
- ⇒ Avoid touching your eyes, nose, and mouth with unwashed hands.

#### Avoid close contact

- ⇒ You may have heard the term "social distancing" - this means trying to keep as much space as possible between you and other people.

#### Cover coughs and sneezes

- ⇒ Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- ⇒ Throw used tissues in the trash.
- ⇒ Immediately wash your hands with soap and water for at least 20 seconds.



### People who are sick may be placed in isolation

This means they will be housed away from other inmates to keep others from getting sick. If you are placed in isolation, you will still have access to staff and materials to keep you occupied.

If you develop emergency warning signs for COVID-19 get medical attention immediately.



#### Emergency warning signs include:

- ⇒ Trouble breathing,
- ⇒ Persistent pain or pressure in the chest,
- ⇒ New confusion or inability to arouse,
- ⇒ Bluish lips or face

We encourage you to keep in contact with your loved ones and engage in healthy activities like programming, reading, and exercise.

Reach out to Psychology Services if you are feeling anxious about this issue.





## Lo que debe saber acerca de la enfermedad del coronavirus 2019 (covid-19)

Es posible que haya oído hablar sobre el nuevo coronavirus, también conocido como covid-19. Esta enfermedad se identificó por primera vez hace algunos meses y se ha expandido en todo el mundo en un corto tiempo. La Agencia de Prisiones ha tomado medidas para prevenir la propagación de la covid-19.

### Forma de contagio



La enfermedad covid-19 es un virus. Eso significa que se contagia a través de los fluidos corporales y el contacto directo. También puede sobrevivir en el aire y en las superficies. Aún estamos aprendiendo sobre él, pero se cree que puede sobrevivir muchas horas fuera del cuerpo.

⇒ Entre personas con contacto cercano (a una distancia de aproximadamente 6 pies).

⇒ Mediante las gotas que se producen cuando la persona infectada tose o estornuda.

El virus puede sobrevivir varios días en las superficies. Es posible contagiarse por tocar una superficie o un objeto que tiene el virus y luego tocarse la boca, la nariz o los ojos.

### SÍNTOMAS

La covid-19 es una enfermedad respiratoria, es decir, que afecta principalmente a la función de respiración. Los infectados pueden presentar diversos síntomas.

Los síntomas más comunes incluyen los siguientes:

- ⇒ fiebre,
- ⇒ tos,
- ⇒ dificultad para respirar.



Los síntomas menos comunes incluyen los siguientes:

- ⇒ vómitos,
- ⇒ diarrea,
- ⇒ dolor de cabeza,
- ⇒ dolor y malestar,
- ⇒ dolor de garganta.



### Tome medidas para protegerse

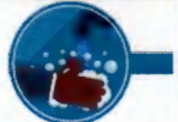
- ⇒ Lávese las manos frecuentemente con agua y jabón por al menos 20 segundos, especialmente luego de sonarse la nariz, toser o estornudar.
- ⇒ Evite tocarse los ojos, la nariz y la boca sin haberse lavado las manos previamente.

#### Evite el contacto cercano

- ⇒ Es posible que haya oído hablar del término "distanciamiento social", que significa mantener la mayor distancia posible con las demás personas.

#### Cúbrase la boca si tose y estornuda

- ⇒ Cúbrase la boca y la nariz con un pañuelo cuando tosa o estornude, o utilice la parte interna del codo.
- ⇒ Tire los pañuelos usados a la basura.
- ⇒ Lávese las manos inmediatamente con agua y jabón por al menos 20 segundos.



### Es probable que se coloque en aislamiento a las personas con síntomas

Esto significa que se las mantendrá separadas de los otros reos, con el objeto de evitar que ellos se contagien. Si lo ponen en aislamiento, seguirá teniendo acceso al personal y a los materiales que le permiten mantenerse ocupado.

Si desarrolla síntomas de emergencia de la covid-19, solicite atención médica inmediatamente.



Los síntomas de emergencia incluyen los siguientes:

- ⇒ dificultad para respirar;
- ⇒ dolor persistente o presión en el pecho;
- ⇒ confusión reciente o incapacidad para levantarse;
- ⇒ labios o rostro azulados.

Le recomendamos que se mantenga en contacto con sus seres queridos y que realice actividades saludables, como la programación, la lectura y el ejercicio.

Acérquese a Servicios Psicológicos si siente ansiedad sobre este tema.



# Symptoms of Coronavirus (COVID-19)

**Know the symptoms of COVID-19, which can include the following:**



**Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.**

**Seek medical care immediately if someone has emergency warning signs of COVID-19.**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.



# Síntomas del coronavirus (COVID-19)

**Conozca los síntomas del COVID-19, que pueden incluir:**



**Los síntomas pueden ser de leves a graves, y aparecer de 2 a 14 días después de la exposición al virus que causa el COVID-19.**

**Busque atención médica de inmediato si alguien tiene signos de advertencia de una emergencia del COVID-19**

- Dificultad para respirar
- Dolor o presión persistentes en el pecho
- Estado de confusión de aparición reciente
- No puede despertarse o permanecer despierta
- Labios o cara azulados

Esta lista no incluye todos los síntomas posibles. Llame a su proveedor de atención médica si tiene cualquier otro síntoma que sea grave o que le preocupe.



Centers for Disease  
Control and Prevention  
National Center for Emerging and  
Zoonotic Infectious Diseases

[cdc.gov/coronavirus-es](https://cdc.gov/coronavirus-es)





## Coping With What You Can't Control

[psychcentral.com/blog/coping-with-what-you-cant-control](https://psychcentral.com/blog/coping-with-what-you-cant-control)

October 16, 2017



There are many things in life we can't control—everything from tiny annoyances to tragedies. We can't control if our grandmother gets cancer and passes away. We can't control if we get cancer.

We can't control what others think, say or do. We can't control what others think of us. We can't control who our loved ones hang out with. We can't control who we work with or who's in charge. We can't control Mother Nature, or today's traffic.

But, of course, we *can* control our reactions to all the things we can't control.

I'm sure you've heard that statement many, many times. And it's true, of course. But, in the moment, we're often left wondering, how do we react when we're really upset? How do we react when it feels like our world has stopped—or exploded?

Below two therapists share their suggestions.

**Feel what you're feeling.** Give yourself the space and permission to feel whatever emotions arise. Name your feelings. Acknowledge them, without judging yourself, without beating yourself up, without saying, "I shouldn't be feeling this way."



"Being honest with what is happening for you will give you the opportunity to heal from it," said Stacey Ojeda, LMFT, a psychotherapist who specializes in working with clients on healing and adjusting to sudden and traumatic loss, such as suicide, homicide, medical traumas and accidents, as well working with those who've survived sexual assault and abuse. "Avoiding what feelings come up doesn't make them go away, it just prolongs the healing process."

So tell yourself the truth. Honor your feelings. Accept them. Ojeda shared these examples: "I'm just really hurt that [he] called me ugly. It really hurt my feelings and I feel sad and embarrassed about it;" "I am so angry that I have cancer. It feels really unfair and I am really scared."

**Take deep breaths.** When we get overwhelmed, our breathing becomes shallow, which spikes our stress. Practicing deep breathing helps to calm us. It's also a reminder that you can control your breath—even when there's little else you can control, said Daniela Paolone, LMFT, a holistic psychotherapist who utilizes mind-body techniques, education, pain management approaches and more, to help those with chronic illness, pain and anxiety get back to living life with greater ease and comfort.

To begin, place one hand on your belly button. Inhale through your nose, so your belly expands out and fills with air, like a balloon, she said. Exhale, so your belly moves inward. "As you inhale you can say to yourself that you are breathing in health and healing and on the exhale, you are breathing out any worries and concerns."

**Don't fixate on reasons.** *If I lost 10 pounds, he wouldn't have left me. If I didn't eat so much sugar, I wouldn't have cancer. If I reminded him to wear his seatbelt, he wouldn't have broken bones.*

"When you get caught up on the 'why' and trying to find the perfect answer for why the event took place, it stops you from moving forward and finding what you can control in that moment," Ojeda said. Relinquish your search for reasons, and what-ifs.

**Create a jar of gratitude.** "When events or situations in life go wrong, it is really easy for us to only bring our energy and attention to those problems," Paolone said. And then we get stuck. And then we dwell (and drown) in this dark place.



Paolone understands what it's like to have darker moments. She lives with various health issues and chronic pain. She finds having a jar of "good moments" to be particularly helpful. This is where she includes events and experiences that she's appreciative of, such as: feeling healthy enough to get a haircut; meeting a good friend for lunch; sipping a favorite tea and reading the paper; having a supportive family, seeing a caring doctor who sits and listens to her concerns.

What are you appreciative of, even in the midst of frustration or pain?

**Move your body.** Some research has found that individuals who participate in a regular yoga practice are better able to manage strong emotions, Paolone said. Also, moving our bodies promotes blood circulation and releases tension, "which is exactly what you need to do when overwhelmed by life circumstances."

If yoga isn't your thing, what movement do you enjoy? What rejuvenates you? What calms you?

**Turn to trustworthy people.** Sometimes, when we're feeling out of control, we disconnect from loved ones. We isolate. We withdraw. However, this is precisely when we "need someone who can be stable to help ground us back down," Ojeda said.

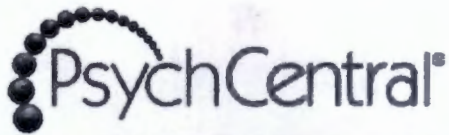
Another reason people don't reach out for support is because they don't want to burden someone else with their problems. "I always challenge my clients to ask themselves if their friend or family member was experiencing a similar 'out of control' experience, would you want them to come to you or keep it to themselves?"

You also can combine connection with movement by taking a walk with a loved one, Paolone said.

**Remind yourself it's not permanent.** No matter how horrible you feel, remind yourself that it won't last forever. As Ojeda said, "feelings are constantly changing." They invariably ebb and flow. "Can you think back to another time you felt really awful and stuck, but then it passed?"

When you can't control a situation, you feel overwhelmed, powerless, helpless and hopeless. It's demoralizing to think there's nothing you can do. Or maybe we know there are many things we can do, but we don't have the energy. When this happens, when you feel this way, move

slowly. Honor yourself. Take one small, tiny step. Take a breath. Text a loved one. Write a few words about what you need. Take your time. In other words, be kind and gentle with yourself.



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## **EXHIBIT I**



## COVID-19 Vaccine Guidance



## Federal Bureau of Prisons Clinical Guidance

January 4, 2021

*Federal Bureau of Prisons (BOP) Clinical Guidance is made available to the public for informational purposes only. The BOP does not warrant this guidance for any other purpose, and assumes no responsibility for any injury or damage resulting from the reliance thereof. Clinical guidance may be adapted for the unique situations that present within BOP correctional facilities. Proper medical practice necessitates that all cases are evaluated on an individual basis and that treatment decisions are individual-specific. Referenced Program Statement versions within this guidance are for informational purposes only. Please refer to the most current versions of any referenced Program Statement(s). Consult the BOP Health Management Resources Web page to determine the date of the most recent update to this document: [http://www.bop.gov/resources/health\\_care\\_mngmt.jsp](http://www.bop.gov/resources/health_care_mngmt.jsp)*

## What's New

### PREVIOUS VERSIONS

- Updates to Employee and Inmate consents
- Pregnancy added to Priority 2 category

### VERSION 5.0

- Addition of Moderna COVID-19 vaccination information throughout the document
- Updates to expiration dates: Unless otherwise specified, date is found on the vial.
- Updates in [Vaccination of Individuals with Underlying Medical Conditions](#) to include persons with autoimmune conditions, history of Guillain-Barré syndrome, or history of Bell's palsy.
- Updates to [Appendix 4. COVID-19 Vaccine Consent Form for Employees](#)

### VERSION 6.0

- Updates to expiration dates: for Pfizer, dates is found on vial; for Moderna, date is found online
- Updates to Moderna [Onsite Vaccine Preparation](#) to include special considerations for transportation: Once thawed, the Moderna vaccine is sensitive to movement and information has been added to ensure stability of the vaccine.
- Reordering of appendices with addition of [Appendix 5. COVID-19 Vaccine Consent Form for Inmates SPANISH](#).

### VERSION 7.0

Updates to [Screening for Precautions and Indications](#) to include the following:

- Defining an immediate allergic reaction as any hypersensitivity-related signs or symptoms such as urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.
- Identifying contraindications to either of the mRNA COVID-19 vaccines as:
  - Severe allergic reaction (e.g, anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of its components
  - Immediate allergic reaction of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components (including polyethylene glycol [PEG])
  - Immediate allergic reaction of any severity to polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG)
- Expanding precautions to mRNA COVID-19 vaccines to include not only anaphylaxis but also any previous immediate allergic reaction to any other vaccine or injectable therapy
- Includes observation periods after vaccination as 30 minutes for any persons with a precaution to vaccination or a history of anaphylaxis due to any cause and 15 minutes for all other persons.
- Updates to Staff and Inmate Consent screening questions

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## COVID-19 VACCINE

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### A. PURPOSE

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The purpose of this guidance is to provide direction on use of the COVID-19 vaccine for all adults who meet the criteria established by the Bureau of Prisons (BOP), with guidance from the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC). The goal of this guidance is to promote vaccine use as a means of controlling pandemic transmission of SARS-CoV-2 (the virus that causes COVID-19) and reducing morbidity and mortality from this infection.

#### THE COVID-19 VACCINATION IS AN IMPORTANT TOOL TO HELP STOP THE PANDEMIC.

- The combination of getting vaccinated and following other CDC recommendations for protection offers the best protection from COVID-19 at the present time.
  - ➔ *All current recommendations for preventing and managing SARS-CoV-2 infection should continue to be followed. This includes use of quarantine for vaccinated persons potentially exposed to the virus.*
  - Wearing masks or cloth face coverings, whichever is appropriate given the circumstances, social distancing, avoiding larger group or public gatherings, limiting travel, and washing hands frequently help reduce the chances of being exposed to the virus or spreading it to others, but these measures are not enough. Vaccines work with the immune system so it will be ready to fight the virus if a person is exposed.
  - Stopping a pandemic requires using all available tools. Recommendations will continue to be updated using the latest science.
  - For general guidance related to vaccines including Immunization Key Principles and Storage and Handling of Immunizations, refer to the [BOP Immunization Clinical Guidance Document](#).
- ➔ *This module will be updated as new information becomes available (e.g., when new vaccine products become available and are used by the BOP and when vaccination indications change).*

#### COVID-19 VACCINES AUTHORIZED FOR USE

The following COVID-19 vaccines, which are mRNA-based vaccines, are authorized for use in the United States by the U.S. Food and Drug Administration through Emergency Use Authorization (EUA):

- The Pfizer-BioNTech COVID-19 vaccine: for persons 16 years of age and older
  - The Moderna COVID-19 vaccine: for persons 18 years of age and older
- ➔ *CDC guidance for Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States is available at: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>*

**PFIZER-BIONTECH COVID-19 VACCINE**

The EUA fact sheets for the Pfizer-BioNTech COVID-19 Vaccine are available for the following groups:

- Recipients and caregivers: <https://www.fda.gov/media/144414/download>
- Healthcare providers administering vaccine: <https://www.fda.gov/media/144413/download>

**MODERNA COVID-19 VACCINE**

The EUA fact sheets for the Moderna COVID-19 Vaccine are available for the following groups:

- Recipients and caregivers: <https://www.fda.gov/media/144638/download>
- Healthcare providers administering vaccine: <https://www.fda.gov/media/144637/download>

**B. PROCEDURE**

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Using this document, eligible healthcare professionals (as defined by scope of duty) may vaccinate adults who meet the indications below for COVID-19 vaccines upon successful completion of the manufacturer-specific COVID-19 vaccine skills checklists and signature sheets.

→ [Appendix 1. Skills Checklist for COVID-19 Vaccine Administration](#)

→ [Appendix 2. COVID-19 Vaccine Administration Signature Sheet](#)

**1. Assess and prioritize vaccination if vaccine supplies are limited.**

- Distribution and priority of vaccine administration will be directed by the Health Services Division of the BOP Central Office and through the local Clinical Director or designee based on COVID-19 risk and vaccine availability. It will align with the Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunization Practices (ACIP) recommendations for priority populations.
- Vaccine supply availability is expected to change as the BOP's COVID-19 immunization program progresses; therefore, planning should be focused and flexible. Since vaccine supply will initially be limited, allocation of vaccine doses has been prioritized by the BOP into priority levels (see below). However, vaccine supply is projected to increase over time, thus allowing for the expansion of vaccination efforts.
- Recommendations concerning BOP's priority levels and associated population groups may change based not only on vaccine availability but also on the availability of different COVID-19 vaccines, changing COVID-19 disease epidemiology, and local community factors.
- **Testing for SARS-CoV-2 infection is NOT required prior to administering the COVID-19 vaccine** unless otherwise clinically indicated. If SARS-CoV-2 testing is performed on a COVID-19 vaccine recipient, test results will not be adversely affected if a viral test is used (either molecular/PCR or antigen test).

**EMPLOYEE VACCINATION:**

*Prior to initiating inmate vaccinations, vaccinations should first be offered to BOP employees, to include PHS officers assigned to the BOP.*

- Vaccinating correctional staff will serve to decrease the possible introduction of SARS-CoV-2 into institutions and thus protect inmates. In the context of limited quantities of vaccine, the BOP recommends offering vaccination to staff first as the best way to achieve the greatest public health benefit to inmates, staff, and communities.
- If available vaccine supplies are low, the following *employee sub-priorities*, based on job functions that pose a higher risk for transmission of infection, should be considered in the order listed. These recommendations represent general guidance and may need to be adapted to meet the needs of individual institutions.
  - Staff with potential for close contact with sick persons (e.g. health care workers, workers in isolation or quarantine units, and those performing COVID-19 symptom screens and temperature checks)
  - Staff who are currently on COVID-19 related Temporary Job Modifications (TJM)
  - Staff in nursing care units and other residential health care units
  - Staff involved in R&D or performing inmate transfer or escort functions
  - Staff with other potential close contact with inmates (e.g. performing pat searches, supervising inmate work details)
  - All other staff

**INMATE VACCINATION:**

*After offering vaccinations to all employees, institutions should proceed with offering vaccine to inmates using the following priorities.*

- The following recommendations represent general guidance and may need to be adapted to meet the needs of individual institutions. For COVID-19 vaccinations, facilities must consider other local factors such as outbreak history, housing unit types, and individual clinical factors when vaccine supply is limited.
- Inmates admitted to quarantine (intake, exposure, or transfer) may be vaccinated. Using quarantine as an opportunity to vaccinate and achieve immunity can be beneficial in limiting transmission and outbreaks.
  - Inmates admitted to quarantine with mandatory release/transfer dates (e.g., full term releases or court-ordered transfers) may be considered for vaccination on a case-by-case basis. In situations where there is time to complete the multi-dose vaccine series prior to the inmate's departure, vaccination may proceed. However, if there is insufficient time to complete all doses, the COVID-19 vaccine series should not be started with the first dose unless continuity of care for the second dose can be assured at the receiving location (e.g., community or other correctional jurisdiction).
  - ➔ *CDC guidance for Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States including discussion of vaccinating patients in quarantine is available at: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>*



- ➔ *A medical hold should be placed when the first dose is administered and not removed until the due date of the second dose.*
- ➔ *Within each priority level, vaccine should be given until either all persons who requested vaccination have received it or until vaccine supply is exhausted.*

***Priority Level 1: Inmates in health service unit job assignments and in certain housing situations***

- Inmates assigned as health service unit workers
  - Similar to correctional staff, vaccinating these inmates will serve to decrease the possible introduction of SARS-CoV-2 to an institution.
- Inmates in nursing care centers (long-term care) or other residential health care units

***Priority Level 2: Inmates aged 65 years and older or those of any age meeting one or more of the CDC criteria for “are at increased risk” for severe illness from SARS-CoV-2***

- ➔ *Note - some inmates may have been covered in the priority one category*
- Health Services staff should use the BOP’s electronic medical record (BEMR) and the COVID-19 vaccine dashboard to identify patients with the following conditions to prioritize for vaccination.
  - Inmates 65 years of age or older
  - Cancer
  - Chronic kidney disease
  - Chronic obstructive pulmonary disease (COPD)
  - Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
  - Immunocompromised state from solid organ transplant
  - Obesity (body mass index [BMI] of 30 kg/m<sup>2</sup> or higher but less than 40 kg/m<sup>2</sup>)
  - Severe obesity (BMI greater than or equal to 40 kg/m<sup>2</sup>)
  - Sickle cell disease
  - Smoking (to include current and former smokers)
  - Type 2 diabetes mellitus
  - Pregnancy (For further discussion of vaccination of pregnant or lactating people see: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>)
- ➔ *For the most current list of persons who are at increased risk for severe COVID-19 illness, refer to: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>*

***Priority Level 3: Inmates aged 50 through 64 years or those of any age with certain underlying medical conditions who “might be at increased risk” for severe illness from SARS-CoV-2***

➔ *Note - some inmates may have been covered in the priority 1-2 categories*

- Health Services staff should use the BOP’s electronic medical record (BEMR) and the COVID-19 vaccine dashboard to identify patients with the following conditions to prioritize for vaccination.
  - Asthma (moderate-to-severe)
  - Cerebrovascular disease (affects blood vessels and blood supply to the brain)
  - Cystic fibrosis
  - Hypertension
  - Immunocompromised state from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
  - Neurologic conditions, such as dementia
  - Liver disease
  - Overweight (BMI greater than 25 kg/m<sup>2</sup> but less than 30 kg/m<sup>2</sup>)
  - Pulmonary fibrosis (having damaged or scarred lung tissues)
  - Thalassemia
  - Type 1 diabetes mellitus

➔ *For the most current list of persons who might be at increased risk for severe COVID-19 illness, refer to: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>*

***Priority Level 4: All other inmates***

- Upon completion of vaccine administration to all staff and inmates in the above priorities, Health Services staff should schedule vaccinations for all remaining inmates.

***2. Screen patients for contraindications and precautions.*****CONTRAINDICATIONS:**

- ***Do not administer COVID-19 vaccines to any person with a known severe allergic reaction (e.g., anaphylaxis) OR with an immediate allergic reaction of any severity to a previous dose of the vaccine or to any component of the vaccine.***
  - An **IMMEDIATE ALLERGIC REACTION** is defined as: *any hypersensitivity-related signs or symptoms such as urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.*
  - Both Pfizer-BioNTech and Moderna COVID-19 vaccine components include mRNA, sugars, lipids (e.g., [PEG]), salts, and buffers.
- ***Do not administer COVID-19 vaccines to any person with a known immediate allergic reaction of any severity to polysorbate.*** The PEG in the vaccines is structurally related to polysorbate and cross-reactive hypersensitivity between these compounds may occur.

- For additional information on product-specific vaccine components, refer to the:
  - FDA Emergency Use Authorization (EUA) fact sheet for the Pfizer-BioNTech COVID-19 vaccine at: <https://www.fda.gov/media/144413/download>
  - FDA Emergency Use Authorization (EUA) fact sheet for the Moderna COVID-19 vaccine at: <https://www.fda.gov/media/144637/download>
  - CDC guidance on the Interim Considerations for Clinical Use of mRNA COVID-19 Vaccines Currently Authorized in the United States (Appendix A. Ingredients included in Pfizer-BioNTech and Moderna mRNA COVID-19 vaccines) at: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

**PRECAUTIONS:**

- ***Vaccination should be deferred for***
    - ***Patients with current SARS-CoV-2 infection until recovery from acute illness (if the person had symptoms) and criteria have been met to discontinue isolation.*** This recommendation applies to persons who develop SARS-CoV-2 infection before receiving any vaccine doses as well as those who develop SARS-CoV-2 infection after the first dose but before receipt of the second dose. There is no minimal interval between infection and vaccination; however, evidence suggests reinfection is uncommon in the 90 days after initial infection.
    - ***Patients who received monoclonal antibody therapy*** for COVID-19 should defer vaccination for at least 90 days to avoid interference of the treatment with vaccine-induced immune responses.
  - ***Do not administer any other vaccination (e.g., seasonal influenza vaccine) 14 days before or after*** administering the first or second COVID-19 vaccine doses. If mRNA COVID-19 vaccines are inadvertently administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine.
  - ***Individuals with a moderate/severe acute non-COVID illness*** should be assessed clinically to determine whether they can be vaccinated or whether vaccination should be deferred. If administered a 15-minute observation period should be performed after vaccination.
  - ***Individuals with a history of an immediate allergic reaction of any severity to any other vaccine or injectable therapy (except those related to the COVID-19 vaccines or polysorbate, as noted above) should be assessed clinically*** to determine whether they can either be vaccinated or if vaccination should be deferred. In these situations, clinical assessment may include referral to an allergist-immunologist. If vaccine is administered, a 30-minute observation period should be performed after vaccination.
  - ***Individuals with a history of anaphylaxis due to any cause that is not related to a vaccine or injectable therapy*** may proceed with vaccination provided a 30-minute observation period is completed.
  - ***Those with other allergies (e.g., to oral medications, food, and pets) or a family history of anaphylaxis*** may proceed with vaccination followed by a 15-minute observation period.
- ➔ ***For expanded guidance on the interim use of mRNA COVID-19 vaccines see:***  
<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>



**3. Vaccination of individuals with underlying medical conditions:**

Both COVID-19 vaccines may be administered to persons with underlying medical conditions who have no contraindications to vaccination. Information on groups with specific underlying medical conditions is included below.

- **Immunocompromised individuals:** Data are not currently available to establish safety and efficacy of vaccine in these individuals (e.g., HIV infection, on immunosuppressive medication or therapies).
  - Immunocompromised persons may still receive the COVID-19 vaccine unless contraindicated.
  - Immunocompromised persons should be counseled about the unknown vaccine safety and efficacy profiles, the potential for a reduced immune response, and need to follow all current guidelines to protect themselves against COVID-19.
- **Pregnant women:** There are no data on the safety of COVID-19 vaccines in pregnant women. If a pregnant woman meets the criteria for vaccination and has no contraindications, she may choose to be vaccinated after discussion with her healthcare provider.
  - ➔ *Routine testing for pregnancy prior to COVID-19 vaccination is not recommended.*
- **Breastfeeding/lactating women:** There are no data on the safety of COVID-19 vaccines in these women or the effects of mRNA vaccines on the breastfed infant or milk production/excretion. mRNA vaccines are not thought to be a risk to the breastfeeding infant. If a breastfeeding/lactating woman meets the criteria for vaccination and has no contraindications, she may choose to be vaccinated after discussion with her healthcare provider.
- **Persons with autoimmune conditions:** No data are currently available on the safety and efficacy of COVID-19 vaccines in these individuals. Persons with autoimmune conditions who have no contraindications to vaccination may receive an mRNA COVID-19 vaccine.
- **Persons with a history of Guillain-Barré syndrome:** To date, no cases of Guillain-Barré syndrome (GBS) have been reported following vaccination among clinical trial participants. With few exceptions, ACIP's [\*general best practice guidelines for immunization\*](#) does not include history of GBS as a contraindication or precaution to vaccination. Persons with a history of GBS may receive an mRNA COVID-19 vaccine unless they have a contraindication to vaccination. Any occurrence of GBS following mRNA COVID-19 vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS).
- **Persons with a history of Bell's palsy:** Cases of Bell's palsy were reported following vaccination in participants in clinical trial participants. However, the FDA does not consider these to be above the frequency expected in the general population and has not concluded that these cases were causally related to vaccination. In the absence of such evidence, persons with a history of Bell's palsy may receive an mRNA COVID-19 vaccine unless they have a contraindication to vaccination. Any occurrence of Bell's palsy following mRNA COVID-19 vaccination should be reported to VAERS.

**4. Provide all patients with a copy of the approved EUA fact sheet.**

- Review the manufacturer-specific COVID-19 vaccine EUA fact sheet with the patient and have them sign the BOP COVID-19 immunization consent/declination form (Refer to 7. Documentation for more information on vaccine consent).
  - [Appendix 4 and 5. COVID-19 Vaccine Consent Form for Inmates \(English and Spanish versions\)](#)
  - [Appendix 6. COVID-19 Vaccine Consent Form for Employees](#)
- Current COVID-19 vaccine EUA fact sheets for recipients are available only in English at this time and can be found at:
  - Pfizer- BioNTech COVID-19 Vaccine: <https://www.fda.gov/media/144414/download>
  - Moderna COVID-19 Vaccine: <https://www.fda.gov/media/144638/download>

**5. On-Site vaccine receipt and storage.**

**PFIZER-BIONTECH COVID-19 VACCINE**

- ***Vaccine allotments will be shipped directly from the manufacturer at ultra-low temperature (ULT)*** (-70°C [-94°F], range -60°C to - 80°C [-76°F to -112°F]) to select BOP institutions, which will serve as ***hub sites*** or distribution points.
- Upon receipt, hub sites will immediately inspect vaccine for damage, then place into refrigeration storage temperatures (2°C to 8°C [36°F to 46°F]). Placement in refrigeration must occur as soon as feasible. If there is a delay of more than 2 hours from receipt to refrigeration, Central Office must be notified.
- The refrigerated vaccine should be collected by ***spoke site*** institutions (i.e., institutions that are within a 175 miles radius of the distribution point) as soon as possible.
- Immediately upon return to the spoke site, the vaccine should be placed into an appropriate refrigerator for storage until it is reconstituted and used.
- ***Communications will flow through the Vaccine Point of Contacts (VPOCs).*** Hub site VPOCs will be given notice prior to shipments and will coordinate the pick-up of vaccine with their spoke sites.
- ***The vaccine must be used within 5 days of removal from ULT storage, and institutions must keep up with the 5 day timeline.***
  - For institutions serving as spokes, the provided temperature data logger (temp tail) should immediately be started when the vaccine is placed into the provided cold shipper for transport. The temperature data log files created by the data logger will serve to document part of the 5-day window since they record dates and times at specific intervals. At all other times, institutions must develop their own method of documenting the 5-day timeline.
  - Vaccine doses not used after 5 days must be maintained in a separate area and labeled ***“DO NOT USE”*** until further instruction for disposal is available (***see Section 11 Disposal of expired or unused vaccine***).
  - If the hub institution removes the vaccine from ULT storage and places it in refrigeration before it is picked up by the spoke institution, the spoke institution must account for this time as part of the 5-day timeline in addition to the time accounted for by the data logger.

**MODERNA COVID-19 VACCINE**

- Vaccine allotments will be shipped by the vaccine distributor, McKesson, in a frozen state between -25°C to -15°C (-13°F to 5°F) directly to each institution.
- Upon receipt, sites will immediately inspect vaccine for damage, then place into refrigeration storage temperature (2°C to 8°C [36°F to 46°F]) using an appropriate refrigerator.
  - ➔ *Once thawed, the vaccine **CANNOT** be re-frozen.*
- *When stored refrigerated, the vaccine must be used within 30 days, and institutions must keep up with the 30-day timeline.*
  - Vaccine being transported to an administration site at temperatures others than frozen (-15 to -25°C) should begin with the vaccine in the frozen state if at all possible (i.e. if administration will begin immediately upon receipt of the vaccine.)
  - Prior to administration, thaw in refrigerator (2°C to 8°C [36°F to 46°F]) for 2 hours and 30 minutes *OR* thaw at room temperature between 15°C to 25°C (59°F to 77°F) for 1 hour.
  - Un-punctured vials may be stored between 8°C to 25°C (46°F to 77°F) for up to 12 hours.
  - Punctured vials must be used within 6 hours.
  - Refrigerated vials not used after 30 days, un-punctured vials stored between 8°C to 25°C [46°F to 77°F] not used after 12 hours, and punctured vials not used after 6 hours, must be maintained in a separate area and labeled “**DO NOT USE**” until further instruction for disposal is available (see [Section 11. Disposal of expired or unused vaccine](#)).
- When thawed, the vaccine should be handled with care and protected from shocks, drops, vibration, etc.

**6. On-Site Vaccine Preparation.****PFIZER-BIONTECH COVID-19 VACCINE**

- *Remove thawed vaccine from the refrigerator and allow it to come to room temperature.*
  - This will take less than 30 minutes.
  - Undiluted vaccine must *NOT* be out of the refrigerator for **more than 2 hours**.
  - Verify the vaccine and expiration date located on the vial.
- *Reconstitute with 1.8 ml of 0.9% sodium chloride diluent prior to use.* Prepare to add diluent to the vaccine vial in the following manner:
  - Invert the vaccine vial gently 10 times to mix. *DO NOT SHAKE.*
  - Obtain the diluent vial (i.e., sterile 0.9% Sodium Chloride Injection, USP).
  - Cleanse the vaccine and diluent vial stoppers with an alcohol swab.
  - Withdraw only 1.8 ml from the sodium chloride vial and inject that 1.8 ml into the vaccine vial using a 3 or 5 ml syringe with a 21 gauge needle found in the shipped ancillary kits. **ONLY** reconstitute vaccine that will be used within 6 hours.
  - Equalize pressure in the vaccine vial by withdrawing 1.8 ml of air into the empty diluent syringe prior to withdrawing the needle from the vaccine vial.
  - Engage the needle safety device (if present) prior to disposal in a sharps container.
  - Discard the remaining 0.9% sodium chloride solution regardless of fluid remaining. Do not reuse.

*(steps continued on next page)*



- Gently invert the vial containing the vaccine and diluent 10 times to mix. *DO NOT SHAKE.*
- Label the vial and record the date and time of dilution on the label.
- *The vaccine vial now contains 5 (five) separate 0.3 ml vaccine doses, each with 30 mcg of vaccine product in a labeled, multi-dose vial.*
- Store the diluted, labeled, and ready to use multi-dose vaccine vial at refrigerated or room temperatures, between 2°C to 25°C (35°F to 77°F).
  - ➔ **Reconstituted vaccine must be used within 6 hours.**

#### MODERNA COVID-19 VACCINE

- Remove from refrigeration and allow the vaccine vial to come to room temperature for at least 15 minutes.
- Swirl the vaccine vial gently and between each withdrawal. *DO NOT SHAKE* and *DO NOT DILUTE* the vaccine.
- Visually inspect the vaccine vial before vaccine administration.
  - The vaccine is a white to off-white suspension, and it may contain white or translucent product-related particulates
  - If other particulate matter and/or discoloration are present, the vaccine should NOT be administered.
  - Verify the vaccine and expiration date by accessing the manufacturer's website here: <https://www.modernatx.com/covid19vaccine-eua/providers/vial-lookup>. Enter the lot number and the expiration date will be displayed.
- The vaccine vial contains 10 (ten) separate 0.5 ml vaccine doses, each with 100 mcg of vaccine product in a labeled, multi-dose vial.
- Un-punctured, ready to use vials may be stored between 8°C to 25°C (46°F to 77°F) for up to 12 hours.
- After the first dose has been withdrawn, the vial should be held between 2°C to 25°C (36°F to 77°F) for up to 6 hours.
- Record the date and time of the first use on the vial label. Discard after 6 hours and do not refreeze.

- ***Special considerations for transportation:*** Once thawed, the Moderna vaccine is sensitive to movement and the following information has been provided by the manufacturer to ensure stability of the vaccine:
- Punctured vials should not be transported.
  - Care must be taken to ensure vaccine does not re-freeze during transport.
  - Vaccine must be protected as much as possible from drops, shocks, and vibration whether in the carton, vial, case or cooler.
  - Vaccine should be transported in the carton whenever possible.
  - If transport must be conducted at the vial level, the vial should be placed with dunnage (padding material like bubble wrap or similar padding) to minimize movement during transport.
  - The vaccine should always be transported in insulated containers qualified to maintain 2-8°C for the duration of transport.
  - The transport containers must be secured when being transported to prevent unnecessary movement.
  - ***Vaccine should only be transported one time and should not be transported back again to the point of origin or to a new location.***
  - Allowable timelines for transport of thawed vaccine are shown below. Total transport time should not exceed 12 hours in total.
    - Transport while walking or using hand cart: not to exceed 1 hour
    - Vehicle transport: not to exceed 12 hours

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**7. Administer the COVID-19 Vaccine**

COVID-19 VACCINE By Type	HOW SUPPLIED	DOSE/VOLUME/SCHEDULE		ROUTE	AGE INDICATIONS	KEY POINTS – SEE DOCUMENT FOR DETAILS
Pfizer-BioNTech COVID-19 Vaccine  mRNA vaccine	Suspension	<b>Dose</b>	30 mcg	IM	16 years of age and older	<b>*Reconstitution and mixing required*</b> <ul style="list-style-type: none"> <li>When removed from ULT, vaccine must be used <b>within 5 days</b></li> <li>Once thawed, keep vaccine vial at room temp <b>no more than 2 hours</b>, prior to dilution</li> <li>Reconstitute with <b>only 1.8 ml</b> of diluent (0.9% sodium chloride)</li> <li>Use reconstituted vaccine <b>within 6 hours</b></li> <li>Egg, cell, latex and preservative free</li> <li><b>Contraindications:</b> Known severe allergy or anaphylactic reaction to any vaccine component <b>OR</b> to a previous dose of the vaccine</li> <li><b>Precautions:</b> <ol style="list-style-type: none"> <li>Current SARS-CoV-2 infection</li> <li>Monoclonal antibody treatment within past 90 days</li> <li>Other vaccines within the past 14 days</li> <li>Moderate/severe acute non-COVID-19 illness</li> <li>History of severe allergic reaction to another vaccine or injectable therapy</li> </ol> </li> <li><b>Special populations:</b> underlying medical conditions, immunocompromised, pregnant, breastfeeding/lactating; persons with autoimmune conditions and history of Guillain-Barré syndrome or Bell's palsy.</li> </ul>
	Multi-dose vial (contains five, 0.3 ml doses after reconstitution)	<b>Volume</b>	0.3 ml			
		<b>Schedule</b>	<ul style="list-style-type: none"> <li>2-dose series, 17-21 days apart</li> <li>2<sup>nd</sup> doses should be given as close to the recommended interval as possible. However, there is no maximum interval between doses.</li> <li>2<sup>nd</sup> doses given earlier do not need to be repeated</li> </ul>			
Moderna COVID-19 Vaccine  mRNA vaccine	Suspension	<b>Dose</b>	100 mcg	IM	18 years of age and older	<b>*No reconstitution required*</b> <ul style="list-style-type: none"> <li>Use refrigerated vaccine <b>within 30 days</b></li> <li>Use unrefrigerated and un-punctured vaccine vials <b>within 12 hours</b></li> <li>After 1<sup>st</sup> dose withdrawn, use vaccine <b>within 6 hours</b></li> <li>Egg, cell, latex and preservative free</li> <li><b>Contraindications, Precautions, and Special Populations:</b> same as for Pfizer-BioNTech COVID-19 Vaccine above.</li> </ul>
	Multi-dose vial (contains ten, 0.5 ml doses)	<b>Volume</b>	0.5 ml			
		<b>Schedule</b>	<ul style="list-style-type: none"> <li>2-dose series, 24-28 days apart</li> <li>2<sup>nd</sup> doses should be given as close to the recommended interval as possible. However, there is no maximum interval between doses.</li> <li>2<sup>nd</sup> doses given earlier do not need to be repeated</li> </ul>			



- ***Ancillary supply kits will be ordered automatically based on the number of vaccine orders and will arrive before or along with the vaccine.***
  - The kits will contain syringes, needles for reconstitution and administration, diluent, vaccination cards, and a limited amount of PPE supplies (i.e., face shields and gowns).
    - Employees should be provided with completed vaccination cards after being vaccinated.
  - Gloves and sharps containers are not included in the kits.
  - Institutions should store ancillary supplies for the COVID-19 vaccine separate from other similar supplies. Sharps sent in the kits should be stored and disposed of in accordance with BOP policy.
- ***Vaccine administration procedure***
  - ***To prevent syncope***, have the patient sit or lie down for vaccination and consider observing the patient for 15 minutes after receipt of the vaccine.
  - Administer the reconstituted vaccine intramuscularly (22-25 g, 1-1½" needle) in the deltoid muscle; alternatively, the anterolateral thigh also may be used.
    - ➔ See [Appendix 3. Administering Vaccines: Dose, Route, Site, and Needle Size](#)
  - Note: A 5/8" needle may be used for patients who weigh less than 130 lbs (60 kg) for injection in the deltoid muscle, *only* if the skin over the deltoid is stretched taut, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.
- ***Specific COVID-19 vaccine considerations:***
  - The Pfizer-BioNTech COVID-19 Vaccine series is given in 2 doses (0.3 ml each) and scheduled 17-21 days apart.
  - The Moderna COVID-19 Vaccine series is given in 2 doses (0.5 ml each) and scheduled 24-28 days apart.
  - ***Second doses of the Pfizer-BioNTech and Moderna COVID-19 vaccines should be given as close to the recommended interval as possible.*** However, there is no maximum interval between doses. Second doses given earlier do not need to be repeated.
  - ***No data exist on the interchangeability of COVID-19 vaccines.*** Individuals initiating a vaccine series by a particular manufacturer (i.e., Pfizer-BioNTech or Moderna) should complete the series using the same product since the vaccines are ***NOT*** interchangeable. However, if two doses of different mRNA COVID-19 vaccine products are inadvertently administered, no additional doses of either vaccine are recommended at this time.
  - ***Routine prophylactic administration of antipyretic or analgesic medications (e.g., acetaminophen, non-steroidal anti-inflammatory drugs) for the purpose of preventing post-vaccination symptoms is not currently recommended.*** Information on the impact of such use on mRNA COVID-19 vaccine-induced antibody responses is not available at this time. These medications may be taken for the treatment of post-vaccination local or systemic symptoms, if medically appropriate.

#### 8. Document administration and schedule the second vaccine dose.

- **Inmate Vaccine Administration Documentation.** Administration will be documented in the Patient Medical Record (BEMR). Under flow sheets and immunization, note the COVID-19 immunization administered from the drop down menu. Record the dose number, location, lot number, dosage, route, expiration date and provider.
  - If vaccine was not given, record the reason(s) (e.g., medical contraindication, refusal).
  - Utilize the comments section as needed.
  - Enter the second vaccine dose date in the scheduler and upon exiting, do not forget to save the immunization flow sheet data.
  - After administration of the first vaccine dose, place the patient on a medical hold in BEMR. **Do not remove the medical hold** until after the second vaccine dose has been administered.
    - ➔ *Patients refusing second doses should not be removed from a medical hold until the scheduled date of the second vaccine dose.*
- **Employee Vaccine Administration Documentation.** Administration will be documented in the Vaccine Administration Management System (VAMS) – a system developed by the CDC for COVID-19 vaccine management – no later than 24 hours after vaccine administration.
- **COVID-19 Vaccine Consent Forms**
  - Document the publication date of the EUA fact sheet
  - Document the vaccine and dose being given and have the patient sign consent or declination.
  - The person administering the immunization signs and dates the form.
  - Disposition of the completed, signed consent forms:
  - **Inmates:** Scan a separate inmate consent form ([see Appendix 4 and 5](#)) for each administered or declined dose of vaccine into the Document Manager in BEMR.
  - **Employees:** Provide a hard copy of the signed employee consent form ([see Appendix 6](#)) to employee records for filing after either the second vaccine dose has been administered or the employee's refusal of vaccination has been documented.
  - ➔ **Documentation of vaccine consent or declination must be obtained from every inmate and employee.** *Declinations may be obtained after all those who wish to be vaccinated have been vaccinated with their second dose.*
- **Scheduling second doses of vaccine**
  - Facilities need to plan for clinic availability based on when initial doses of vaccine are administered.
  - **For inmates, using BEMR is the preferred method to schedule second doses.** The COVID-19 vaccine dashboard is a tool that may be used to monitor when a second vaccine dose should be given.
  - **For employees, each facility will determine a method for scheduling second doses** and what reminders to use for determining when second doses should be given (e.g., pre-determined clinic dates, use of the Manage Recipients page in VAMS to track dates for second doses, use of a spread sheet of due dates, and vaccine cards).

**9. Medical emergency or anaphylaxis:** Rash, difficulty breathing, itchy throat, bodily collapse, swollen tongue or throat.

- In the event of a medical emergency related to the administration of a vaccine, **immediately call a medical emergency.**
- **Epinephrine 1:1000 IM/SQ and respiratory support should be immediately available.**
- BOP nursing and paramedic protocols are available for implementation and use in the management of allergic reactions and anaphylaxis when approved by the clinical director.
  - ➔ **The nursing protocol:** [http://sallyport.bop.gov/co/hsd/nurse/Policy\\_guidance.jsp](http://sallyport.bop.gov/co/hsd/nurse/Policy_guidance.jsp)
  - ➔ **The paramedic protocol:** <http://sallyport.bop.gov/co/hsd/paramedic/index.jsp>

**10. Report all clinically important vaccine adverse reactions.** Documentation of adverse events should occur in the following two locations:

- BOP Adverse Events dashboard
- Federal Vaccine Adverse Event Reporting System (VAERS) at:  
<https://vaers.hhs.gov/reportevent.html>
  - Complete reports online in one sitting or by using a writable PDF form. For further assistance email [info@VAERS.org](mailto:info@VAERS.org) or call: (800) 822-7967.

**11. Disposal of expired or unused vaccine.**

- Syringes and needles used for vaccination should be placed in hard, lockable biohazard containers and bagged in biohazard bags just as any other vaccine.
- Institutions must store vaccine vials that are contaminated, expired or unused until further guidance is issued.
  - Label the vaccine vial “DO NOT USE” and store in a separate, designated area, away from any vaccine that is in use.



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## APPENDIX 1. SKILLS CHECKLIST FOR COVID-19 VACCINE ADMINISTRATION

The checklist on the following pages can be used as an assessment tool for healthcare staff who administer the Pfizer-BioNTech and/or Moderna COVID-19 vaccines.

SKILLS CHECKLIST FOR COVID-19 VACCINE ADMINISTRATION (PAGE 1 OF 3)				
FACILITY:		EMPLOYEE:		
Self-Assessment		Supervisor/Preceptor Review		SKILLS
Needs to Improve	Meets or Exceeds	Needs to Improve	Meets or Exceeds	
<b>PATIENT EDUCATION</b>				
				Welcomes patient, verifies identification, accommodates language/literacy barriers and special needs, and explains what vaccine will be given.
				Provides Emergency Use Authorization (EUA) fact sheet and answers questions.
				Reviews potential side effects, comfort measures, and after care instructions.
<b>SCREENING/PREPAREDNESS</b>				
				Screens patient for vaccine eligibility (based on EUA and package insert), history of adverse reactions, allergies, contraindications, and precautions.
				Ensures consent/declination form is signed and that the current EUA date is documented. Uses a separate consent form for each vaccine dose for inmates and one consent form for both vaccine doses for employees.
				Verbalizes signs and symptoms of potential medical emergency or anaphylaxis.
				Able to initiate CPR and maintain airway, if necessary. Locates epinephrine.
				States procedure for responding to and reporting needle stick injuries.
<b>VACCINE HANDLING AND PREPARATION, PFIZER-BIONTECH COVID-19 VACCINE</b>				
				Documents refrigerator temperatures with a temperature data logger twice daily on clinic days. <i>Vaccines are not stored in dormitory style refrigerators and food and beverages are never stored in a refrigerator with vaccines.</i>
				Removes vaccine from refrigerator and allows to come to room temperature (< 30 minutes).
				Verifies vaccine and expiration date (Unless otherwise specified, date is found on the vial).
				Inverts vial gently 10 times to mix. <b>DO NOT SHAKE.</b>
				Obtains sterile 0.9% Sodium Chloride Injection, USP (i.e., diluent).
				Cleanses the vaccine and sodium chloride vial stoppers with an alcohol swab.
				<b>Withdraws only 1.8 ml from the sodium chloride vial and injects that 1.8 ml into the vaccine vial using a 3 or 5 ml syringe with a 21 or narrower gauge needle (from the shipped ancillary kits). ONLY reconstitute vaccine that will be used within 6 hours.</b>
				Equalizes pressure in the vaccine vial by withdrawing 1.8 ml of air into the empty diluent syringe prior to withdrawing the needle from the vaccine vial.
				Engages needle safety device (if present) prior to disposal in a sharps container.
				Discards remaining 0.9% sodium chloride solution regardless of fluid remaining. Do not reuse.
				Gently inverts the vial containing the vaccine and diluent 10 times to mix. <b>DO NOT SHAKE.</b>
				Labels the vial and records the date and time of dilution on the label. The vaccine vial now contains 5 (five) separate 0.3 ml vaccine doses, each with 30 mcg of vaccine product in a labeled, multi-dose vial.
				Stores the diluted, labeled, and ready to use multi-dose vaccine vial at refrigerated or room temperatures between 2°C to 25°C (35°F to 77°F) for up to 6 hours.
<b>VACCINE HANDLING AND PREPARATION, MODERNA COVID-19 VACCINE</b>				
				Demonstrates knowledge that vials may be stored refrigerated (2°C to 8°C [36°F to 46°F]) for up to 30 days prior to first use.
				Documents refrigerator temperatures with a temperature data logger twice daily on clinic days. <i>Vaccines are not stored in dormitory style refrigerators and food and beverages are never stored in a refrigerator with vaccines.</i>

SKILLS CHECKLIST FOR COVID-19 VACCINE ADMINISTRATION (PAGE 2 OF 3)				
FACILITY:		EMPLOYEE:		
Self-Assessment		Supervisor/Preceptor Review		SKILLS
Needs to Improve	Meets or Exceeds	Needs to Improve	Meets or Exceeds	
<b>VACCINE HANDLING AND PREPARATION, MODERNA COVID-19 VACCINE (CONTINUED)</b>				
				Acknowledges that each multi-dose vaccine vial contains 10 (ten) separate 0.5 ml vaccine doses, each with 100 mcg of vaccine product.
				Removes vaccine from refrigerator and verifies vaccine and expiration date. For any questions, contact Central Office.
				Ensures the vaccine is thawed and that the vial has been allowed to come to room temperature for 15 minutes prior to drawing up vaccine for administration. Un-punctured vials are not stored any longer than 12 hours between 8°C to 25°C (46°F to 77°F).
				Swirls the vial gently and between each withdrawal. <i>DO NOT SHAKE and do not dilute.</i>
				Visually inspects the vial for unexpected particulate matter and/or discoloration. The vaccine is a white to off-white-suspension, and it may contain white or translucent product-related particulates. The vaccine should NOT be used if other particulate matter and/or discoloration are present.
<b>ADMINISTERING VACCINES</b>				
				Demonstrates knowledge of the appropriate route (IM), site (deltoid), vaccine dose, and the type of syringe safety device being utilized (glide, snap or retraction device).
				Washes or disinfects hands before and in-between patient encounters. If gloves are worn, they are changed and hand hygiene performed between patients.
				Places the labeled, unexpired, multi-dose vaccine on a hard surface, cleanses the stopper with a clean alcohol wipe and allows to dry.
				Utilizes a new and appropriate sized needle and syringe for each dose of vaccine. Opens syringe packet carefully placing safety cap on the package covering and then inserts needle into the multi-dose vaccine vial.
				Inverts vial and syringe and withdraws the following amount of vaccine from the multi-dose vial: <ul style="list-style-type: none"> <li>• Pfizer-BioNTech: 0.3 ml</li> <li>• Moderna: 0.5 ml</li> </ul>
				Withdraws needle from the vial. Taps syringe to float air bubbles to the syringe hub and carefully expels excess air before patient injection. Replaces syringe safety cap.
				Positions patient so that muscles are relaxed and preps injection site with alcohol wipe, allowing it to dry.
				Places a clean, dry gauze between the third and fourth fingers for easy access to a gauze pad after injection.
				Holds the syringe and needle in the dominant hand and either bunches up muscle using the non-dominant hand or gently stretches the skin around the injection site.
				Inserts the needle (all the way up to the syringe hub) at a 90-degree angle using a dart-like action to prevent accidental depression of the plunger during insertion of the needle. Aspiration is not necessary for IM injections in the deltoid site.
				Uses the thumb and forefinger of the non-dominant hand to hold the syringe and depresses the plunger with the dominant hand in a steady motion after the needle pierces the skin.
				Removes the needle at the same angle at which it was inserted once medication is completely injected. Engages the needle safety device appropriately.



SKILLS CHECKLIST FOR COVID-19 VACCINE ADMINISTRATION (PAGE 3 OF 3)					
FACILITY:			EMPLOYEE:		
Self-Assessment		Supervisor/Preceptor Review		SKILLS	
Needs to Improve	Meets or Exceeds	Needs to Improve	Meets or Exceeds		
<b>ADMINISTERING VACCINES (CONTINUED)</b>					
				Disposes of the needle and syringe in a sharps container.	
				Covers injection site with the gauze, using gentle pressure and applies a Band-Aid, if needed.	
				Records the date and time of first use. This information must be recorded on the vial label for the Moderna and Pfizer vaccines.	
				Identifies vials that can no longer be used: <ul style="list-style-type: none"> <li>• <i>Pfizer-BioNTech</i>: undiluted vaccine out of refrigeration for more than 2 hours, refrigerated undiluted vaccine not used after 5 days, or reconstituted vaccine not used within 6 hours</li> <li>• <i>Moderna</i> vaccine: out of refrigeration for more than 12 hours, punctured vials not used after 6 hours, or refrigerated vaccine not used after 30 days.</li> <li>• Does not discard vials that cannot be used.</li> </ul>	
				Maintains vials that can no longer be used in a separate area labeled "DO NOT USE" until further instruction is available.	
<b>DOCUMENTATION</b>					
				Documents each vaccine dose in the appropriate place (consent forms, BEMR and VAMS) to include dose number, date, lot number, manufacturer, site, and name/initials.	
				Addresses future appointments through the BEMR scheduler for inmates; places a <b>medical hold</b> until the date of the second vaccine dose. For employees, follows institution plans.	
				Demonstrates the ability to properly document a vaccine adverse event (AE) in VAERS and in the BOP Medication Event dashboard, and identifies which healthcare personnel to notify in the case of an AE.	
Employee Signature:				Date:	
Supervisor Signature:				Date:	
Adapted from: Skills Checklist for Pediatric Immunization. California Department of Health, Immunization Branch.					

## APPENDIX 2. COVID-19 VACCINE ADMINISTRATION SIGNATURE SHEET

### BOP HEALTH SERVICES UNIT

<b>Institution:</b>		
Authorization is given for the checked (✓) categories of healthcare providers to use the checked (✓) COVID-19 vaccine(s) (below) for administration without individual patient medication orders. Healthcare providers who are authorized to administer vaccines should have demonstrated vaccine administration skills (see skill checklist). File a copy of this Signature Sheet in each authorized healthcare provider's credential file.		
<input type="checkbox"/>	Registered Nurses	
<input type="checkbox"/>	Advanced Practice Providers	
<input type="checkbox"/>	Licensed Practical Nurses	
<input type="checkbox"/>	Paramedics	
<input type="checkbox"/>	Pharmacists	
<input type="checkbox"/>	Dentists	
<input type="checkbox"/>	Other:	
<b>The following COVID-19 vaccine(s) is/are approved for use in this facility, in accordance with the FDA EUA and package insert, if the specific vaccine brand(s) is/are checked (✓) below:</b>		
<input type="checkbox"/>	Pfizer-BioNTech COVID-19 Vaccine	
<input type="checkbox"/>	Moderna COVID-19 Vaccine	
<input type="checkbox"/>	Other:	
<b>Signatures:</b>		
<i>IP&amp;C Coordinator (Last, First) – PRINT</i>		<i>Signature</i>
		<i>Date</i>
<i>Health Services Administrator (Last, First) – PRINT</i>		<i>Signature</i>
		<i>Date</i>
<i>Clinical Director (Last, First) – PRINT</i>		<i>Signature</i>
		<i>Date</i>
<i>Healthcare Provider (Last, First) – PRINT</i>		<i>Signature</i>
		<i>Date</i>

### APPENDIX 3. ADMINISTERING COVID-19 VACCINES

ADMINISTERING THE VACCINE (ADULTS): DOSE, ROUTE, SITE, AND NEEDLE SIZE (PAGE 1 OF 2)				
VACCINE	DOSE	ROUTE	INJECTION SITE	KEY POINTS
<b><i>Pfizer-BioNTech COVID-19 Vaccine</i></b>	0.3 mL	IM	Deltoid	<ul style="list-style-type: none"> <li>• Reconstitution required with 1.8 ml of 0.9% sodium chloride diluent (mixing syringe 3-5 ml with 21 gauge 1.5" mixing needle). The 1.5", 21 gauge needles included in the ancillary kits are to be used.</li> <li>• Each reconstituted multi-dose vial contains five (5) separate 0.3 ml vaccine doses.</li> <li>• Reconstituted vaccine must be used within 6 hours.</li> <li>• After 6 hours, label "DO NOT USE" and store in a place removed from vaccines in use. Do not discard these vials and await further guidance.</li> </ul>
<b><i>Moderna COVID-19 Vaccine</i></b>	0.5 mL	IM	Deltoid	<ul style="list-style-type: none"> <li>• No reconstitution needed</li> <li>• Each multi-dose vial contains ten (10) separate 0.5 ml vaccine doses.</li> <li>• Once punctured, a vial must be used within 6 hours.</li> <li>• Vials not refrigerated must be used within 12 hours.</li> <li>• After beyond use or expiration, label "DO NOT USE" and store in a place removed from vaccines in use. Do not discard these vials and await further guidance.</li> </ul>



### ADMINISTERING THE VACCINE (ADULTS): DOSE, ROUTE, SITE, AND NEEDLE SIZE (PAGE 2 OF 2)

Administer IM injections in the deltoid muscle, with a 22-25 gauge needle. Choose needle length based on person's age and body mass:

< 130 lbs.	1" length needle
130-152 lbs.	1" length needle
Female 153-200 lbs.	1-1½" length needle
Female 200+ lbs.	1½" length needle
Male 153-260 lbs.	1-1½" length needle
Male 260+ lbs.	1½" length needle

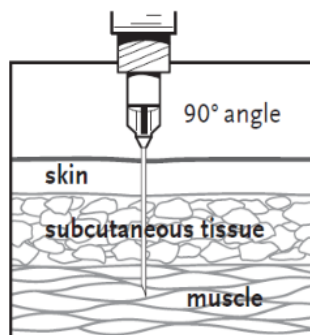
A 5/8" needle may be used for patients who weigh less than 130 lbs (60 kg) for injection in the deltoid muscle, *only* if the skin over the deltoid is stretched taut, and the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle.

**NOTE:** Each location will receive an ancillary kit and product information guide separate from the vaccine product. The kits will contain a variety of needles and syringes along with other supplies (e.g., diluent, if needed). When preparing and administering vaccine, staff will need to select the correct syringe size and needle gauge/length appropriate for the activity (vaccine preparation vs. vaccine administration) and for the patient's size. Guidance may be found in the ASPR/CDC "Product Information Guide for COVID-19 Vaccines and Associated Products" sent to the VPOCs and in BOP guidance.

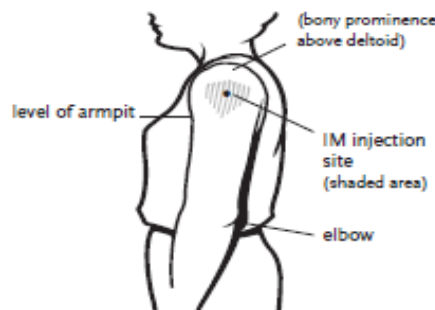
#### How to administer an intramuscular vaccine\*:

1. Use a needle long enough to reach into the muscle – for adults, 1-1½" needle.
2. The 1 ml syringe included in the ancillary kit is recommended for vaccine administration and not for mixing of the diluent with vaccine.
3. With the non-dominant hand, bunch up the muscle (for smaller muscle mass) or stretch the skin (for larger body mass).
4. With the dominant hand, insert the needle at a 90° angle to the skin with a quick thrust.
5. Push down on the plunger and inject the entire contents of the syringe. There is no need to aspirate.
6. Remove the needle and apply pressure to the injection site with a dry gauze. Hold in place for several seconds.
7. If there is any bleeding, cover the injection site with a bandage.
8. Engage the needle safety mechanism and put the used needle and syringe in a sharps container.

#### Intramuscular (IM) injection



#### Deltoid \*



\*References adapted from  
[www.immunize.org/catg.d/item #](http://www.immunize.org/catg.d/item#2024)  
2024 (9/19) and 3084 (8/20)

COVID-19 Vaccines  
Federal Bureau of Prisons  
January 4, 2021, version 7.0

#### APPENDIX 4. COVID-19 VACCINE CONSENT FORM FOR INMATES - ENGLISH

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The consent on the following page must be used to document all inmate consents or declinations of the COVID-19 vaccine.

BP-PENDING

COVID-19 VACCINE CONSENT – INMATE

CDFRM JAN

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

I have been provided a copy of the COVID-19 Vaccine **Emergency Use Authorization (EUA)** fact sheet dated \_\_\_\_\_. I have had the opportunity to ask questions about the benefits and risks of vaccination, including if I am pregnant, breastfeeding or have a weakened immune system. I will agree to complete the number of vaccine doses as appropriate and indicated by the manufacturer.

**Health Questions Prior to COVID-19 Vaccination (Check yes or no)**

Yes	No	Health Questions
<input type="checkbox"/>	<input type="checkbox"/>	Are you sick today?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a severe allergy (i.e., anaphylaxis) or an immediate allergic reaction of any severity to any component of this vaccine or to a previous dose of this vaccine?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had an immediate allergic reaction to any other vaccine/injectable therapy?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other vaccinations in the last 14 days?
<input type="checkbox"/>	<input type="checkbox"/>	Have you received monoclonal antibody therapy for COVID-19 in the last 90 days?

☐ I consent to receive the COVID-19 vaccination.

Dose # (1 or 2)	Vaccine Manufacturer	Lot Number	Expiration Date	Route	Deltoid (R) Deltoid (L)
Inmate Signature					Date
Administered by Signature					Date
Administered by (name/title)					

☐ I decline to receive the COVID-19 vaccination.

Inmate Signature	Date
Witness Signature	Date
(PRINT) Witness Name	

(PRINT) Inmate Name (Last, First)	Register Number	
Institution	Unit	Work Assignment

DOCUMENT VACCINE ADMINISTRATION IN BEMR FLOW SHEETS.  
SCAN VACCINE CONSENT IN BEMR DOCUMENT MANAGER – VACCINATION CONSENTS.



COVID-19 Vaccines  
Federal Bureau of Prisons  
January 4, 2021, version 7.0

## APPENDIX 5. COVID-19 VACCINE CONSENT FORM FOR INMATES - SPANISH

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The consent on the following page must be used to document all inmate consents or declinations of the COVID-19 vaccine.

BP-PENDING

CONSENTIMIENTO PARA VACUNACIÓN COVID-19 PARA RECLUSOS

CDFRM JAN

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Se me ha proporcionado una copia de la hoja informativa de **autorización de Uso de Emergencia (EUA)** de la vacunación COVID-19 con fecha \_\_\_\_\_. He tenido la oportunidad de hacer preguntas sobre los beneficios y riesgos de la vacunación, incluso si estoy embarazada, amamantando o tengo un sistema inmunitario debilitado. Aceptaré completar el número de dosis de vacunas según corresponda e indicadas por el fabricante.

**Preguntas de Salud Antes de la Vacunación COVID-19 (marque sí o no)**

Sí	No	Preguntas de Salud
<input type="checkbox"/>	<input type="checkbox"/>	¿Estás enfermo hoy?
<input type="checkbox"/>	<input type="checkbox"/>	¿Alguna vez ha tenido una alergia grave o reacción anafiláctica o algún componente de esta vacuna o de una dosis previa de esta vacuna?
<input type="checkbox"/>	<input type="checkbox"/>	¿Alguna vez ha tenido una reacción alérgica inmediata a cualquier otra vacuna/terapia inyectable?
<input type="checkbox"/>	<input type="checkbox"/>	¿Has recibido alguna otra vacuna en los últimos 14 días?
<input type="checkbox"/>	<input type="checkbox"/>	¿Ha recibido terapia con anticuerpos monoclonales para COVID-19 en los últimos 90 días?

☐ **Yo consiento para recibir la vacunación COVID-19.**

Dosis # (1 o 2)	Fabricante de Vacuna	Número de lote	Fecha de caducidad	Ruta	Deltoides (R) Deltoides (L)
Firma de recluso					Fecha
Firma de administrado de vacunación					Fecha
Nombre y título de administrado de vacunación					

☐ **Yo me niego a recibir la vacunación de COVID-19.**

Firma de recluso	Date
Firma de testigo	Date
(Letra de molde) Nombre del testigo	

(Letra de molde) Nombre del recluso (Apellido, Nombre)	Número de registro	
Institución	Unidad	Asignación de trabajo

DOCUMENT VACCINE ADMINISTRATION IN BEMR FLOW SHEETS.

SCAN VACCINE CONSENT IN BEMR DOCUMENT MANAGER – VACCINATION CONSENTS.

## APPENDIX 6. COVID-19 VACCINE CONSENT FORM FOR EMPLOYEES

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The consent on the following page must be used to document all employee consents or declinations of the COVID-19 vaccine.



BP-PENDING

## COVID-19 VACCINE CONSENT – EMPLOYEES

CDFRM JAN

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

I have been provided a copy of the COVID-19 Vaccine **Emergency Use Authorization (EUA)** fact sheet dated \_\_\_\_\_. I have had the opportunity to ask questions about the benefits and risks of vaccination, including if I am pregnant, breastfeeding or have a weakened immune system. I will agree to complete the number of vaccine doses as appropriate and indicated by the manufacturer.

☐ I consent to receive the COVID-19 vaccination.

Dose	Employee Signature	Witness Signature	Date
#1			
#2			

Health Questions Prior to COVID-19 Vaccination (*Check yes or no*)

Dose #1		Dose #2		Health Questions
Yes	No	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you sick today?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a severe allergy (i.e., anaphylaxis) or an immediate allergic reaction of any severity to any component of this vaccine or to a previous dose of this vaccine?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had an immediate allergic reaction to any other vaccine/injectable therapy?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other vaccinations in the last 14 days?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you received monoclonal antibody therapy for COVID-19 in the last 90 days?

☐ I decline to receive the COVID-19 vaccination.

Employee Signature	Witness Signature	Date

## COVID-19 Vaccine Information

Dose	Date	Vaccine Manufacturer	Lot Number	Expiration Date	Route	Deltoid (R) Deltoid (L)	Administered by (name/title):
#1		Select			IM		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
#2		Select			IM		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

(PRINT) Employee Name (Last, First)	Year of Birth	Institution

## **EXHIBIT J**

You will be offered the COVID-19 vaccine in the coming weeks. The more people that are vaccinated, the more we can prevent the spread of COVID-19 in our institutions and the community. We encourage you to get the COVID-19 vaccine, but whether or not you do is a personal choice. You are not required to get the vaccine.

There are currently two companies, Pfizer and Moderna, that make the vaccine that is available in the United States. Both vaccines require two doses, either three weeks apart (Pfizer) or four weeks apart (Moderna).

**Below are answers to some common questions about the COVID-19 vaccine:**

**Does the vaccine work? YES.**

The vaccine is 95% effective at preventing symptomatic COVID-19.

**How does the vaccine work?**

The COVID-19 vaccine teaches the immune system how to recognize and fight off the virus that causes COVID-19. This helps to prevent vaccinated people from getting sick.

**Can I get COVID-19 from the vaccine? NO.**

It is impossible to get COVID-19 from the vaccine.

**How is the vaccine given?**

The vaccine is given as a shot in the upper arm.

**Is the COVID-19 vaccine safe? YES.**

Both of the vaccines currently available were found to be safe and effective in the tens of thousands of adults of all races who participated in high quality research as required before any new vaccine is approved. In the U.S. alone, over 38 million people have already received at least one dose of a COVID-19 vaccine.

**I heard the vaccines were developed very quickly – are you sure they are safe? YES.**

The vaccine is safe. Both vaccines were reviewed faster than normal because so many people are getting sick and dying of COVID-19. While the vaccines were developed in record time, they have gone through all of the same steps required of any vaccine before it can be approved for use. The vaccines have been authorized by the United States Food & Drug Administration.



**I have hepatitis C and/or HIV. Is it safe for me to get the COVID-19 vaccine? YES.**

It is safe for people with hepatitis C and HIV to get the COVID-19 vaccine.

**Are there any medical conditions that would prevent me from being able to get the COVID-19 vaccine?**

There are very few medical conditions that would prevent you from getting the vaccine. You will receive a screening form prior to receiving the vaccine that will address these conditions.

If you have ever had a severe allergy to a vaccine or other substance in the past, you should discuss this with the health care professionals giving you the vaccine before you get it.

**Do I need to keep wearing a mask after I receive the COVID-19 vaccine? YES.**

The Centers for Disease Control and Prevention (CDC) continues to recommend wearing masks, practicing physical distancing, and frequently washing hands even after you have been vaccinated.

**Has anyone died from the COVID-19 vaccine? NO.**

No one is known to have died from the COVID-19 vaccine.

**I am sick with COVID right now. Should I get the vaccine now? NO.**

You should wait until you have recovered from COVID-19 before getting the vaccine. Vaccines are not used to treat people who are currently infected with COVID-19.

**Can getting the vaccine affect my ability to have children? NO.**

There is no scientific evidence to indicate the vaccine affects the ability to have children.

**If I am pregnant, will the vaccine affect me or my unborn child?**

Experts believe that getting the vaccine is not likely to pose a risk to the pregnant person or the unborn child. If you are pregnant, you may wish to discuss any concerns regarding the vaccine with your institution medical provider.

**Do I need to get the vaccine if I have already had COVID-19 and recovered? YES.**

Since it is possible for you to get COVID-19 again, you should get the vaccine. It is safe to take the vaccine if you have already had COVID-19.

**What are the possible side effects of the vaccine?**

The most common side effects of the vaccine are arm soreness, tiredness, headache, muscle pain, chills, joint pain, and fever. These side effects are more common after the second dose of the vaccine and – if they occur – usually go away within 2 days. These symptoms are normal and they are a sign that your body is building protection against the virus that causes COVID-19.

Among the millions of people who have now received the COVID-19 vaccine, a very small number of people have experienced severe allergies. If you have ever had a severe allergy to a vaccine or other substance in the past, you should discuss this with the health care professionals giving you the vaccine prior to getting it.

**Does the COVID-19 vaccine change your DNA (also called your genetic code)? NO.**

The COVID-19 vaccine does not change your DNA and it cannot combine with your DNA to change your genetic code.

**If I have been vaccinated and I begin having COVID symptoms, what should I do?**

Even if you have been vaccinated, and you have a cough, fever, or other symptoms, there is a small chance you could have COVID-19. You should ask to speak to institution medical staff right away. The vaccine is 95% effective at preventing symptomatic COVID-19 – not 100%.

**I still have more questions, what should I do?**

If you have more questions, please speak with your institution health care providers. You can also ask your friends or family to get more information about the COVID-19 vaccine from these trusted websites:

- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html>
- <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

## **EXHIBIT K**



**U.S. Department of Justice**  
**Federal Bureau of Prisons**

**PROGRAM STATEMENT**

OPI: HSD/HPB  
NUMBER: 6031.04  
DATE: June 3, 2014

## **Patient Care**

/s/

*Approved:* Charles E. Samuels, Jr.  
Director, Federal Bureau of Prisons

### **1. PURPOSE AND SCOPE**

To effectively deliver medically necessary health care to inmates.

#### **a. Summary of Changes**

*Policy Rescinded*

P6031.03 Patient Care (8/23/12)

The following changes were made:

- Section 15. Added language on the ordering of chronic care medications.
- Section 18. Replaced use of BP-A0659 (Medical Summary of Federal Prisoner/Alien In Transit) with BEMR Exit Summary for Inmate Intra-system Transfer.
- Section 20. Clarified schedule for performing baseline mammographies.

### **2. PROGRAM OBJECTIVES**

The expected result of this program is:



Bureau physicians are not obligated to follow all consultant recommendations. If a consultant makes a recommendation which is outside Bureau policy or scope of services, the CD will

document thoroughly the reasons the consultant's recommendations are not followed, based on input from the staff physician.

## 17. **TRIAGE/ACCESS TO CARE**

Triage is defined as the classification of patients according to priority of need for examination and/or treatment. Triage allows truly urgent conditions to be addressed adequately on the same day, while also allowing more routine conditions or concerns to be addressed at a scheduled appointment. During triage the following will occur:

- The inmate will provide a brief history.
- Vital signs will be taken, if indicated.
- An appointment will be scheduled with the appropriate provider within a time frame appropriate for the inmate's condition and medical needs.
- If no follow-up appointment is warranted, the inmate will be advised of other options (e.g. obtaining over-the-counter medications from the Commissary, submitting an Inmate Request to Staff (BP-A0148), etc.

An Inmate Request for Triage Services will be completed for each inmate. The form is to be pre-printed onto an SF-600. These forms will be filed in Section 1 of the inmate health record.

If no appointment is scheduled as a result of triage, this will be noted on the triage form and will be turned in to the Health Information Department for filing.

a. **Appointments.** Virtually all clinical services provided to the inmates will be by appointment, scheduled several days to weeks in advance through a request from the inmate or follow-up appointments determined by the providers.

Institutions not yet implementing the full PCPT model will use the triage system described above.

Inmates may request clinical services on a daily basis by completing the Inmate Request for Triage Services form. Health Services staff will triage and prioritize the requests and schedule appointments based on need.

Physicians and other health care providers will be available five days per week to provide clinical services.

Urgent Care services (injuries, chest pain, asthma attacks) will be available at all times, either through on-site providers or community emergency services.

b. **Examination Areas.** Staff will see inmates individually in a private examination area. Other inmates will not be present, except in emergencies or other unusual circumstances (i.e., as a translator when staff interpreters are not available).

Ordinarily, the examiner will have the inmate's health record during all inmate visits. If the health record is not available for a routine examination, the inmate should be rescheduled. Staff will document the reason the health record was not available.

The examining room will have adequate space (minimum of 100 sq. ft.), running water, and provision for both the examiner and inmate to be seated.

There will be adequate desk space so that the examiner may make notes in the inmate health record.

Necessary forms, equipment, and supplies, including an examining table will be available.

A sharps bio-hazard disposal container, mounted to the wall if possible, will be located in all rooms where needles and syringes are used.

Appropriately labeled bio-hazardous waste containers will be available.

Examination rooms will be cleaned regularly including the disinfection of examination tables and contaminated surfaces. Inmate orderlies may perform this task.

Between each patient, the examination table must either be wiped down with a disinfectant or the table paper must be changed.

When patient encounters are conducted in a satellite area (segregation, special custody units, industry locations, camps, units with difficult egress, etc.), adequate space and equipment will be available, consistent with the requirements above.

The **SOAP** label may be used to document a patient encounter in Special Housing/detention units in lieu of the inmate's health record. This label is then affixed to the SF-600.

c. **Privacy.** Staff will provide inmates the opportunity to discuss their medical complaints without other inmates being present.

## 18. INTAKE SCREENING

a. **Newly Incarcerated Inmates.** Health Services clinical staff will conduct an initial assessment of each newly committed inmate upon his/her arrival at an institution. This screening is to determine:

- Urgent medical, dental, or mental health care needs.
- Signs of acute drug or alcohol intoxication or symptoms of withdrawal.
- Restrictions on temporary work assignments.
- Freedom from contagious infectious disease.

Inmates with perceived immediate medical/dental/mental health needs will be referred to the appropriate health care staff for evaluation.

b. **Bureau Intra-system Transfers.** The BEMR Exit Summary for Inmate Intra-system Transfer will be reviewed and annotated appropriately at each receiving institution, including the designated institution.

It is prohibited to transfer inmates between Bureau institutions, (including all holdover status inmates, i.e., DEA, U.S. Marshals Service, Bureau of Immigration and Customs Enforcement [formerly INS], FBI, etc.), who have not been screened for TB. This prohibition does not apply to court-related activities or inmates being transferred on writ (to non-Bureau institutions).

It is the HSA's responsibility to ensure health services staff completing the BEMR Exit Summary for Inmate Intra-system Transfer have documented TB screening results and that the inmate is cleared for transfer prior to electronically signing the form.

Transporting officials will not accept any inmate for transfer unless either PPD or chest x-ray results are completed and satisfactory for transfer, as noted on the BEMR Exit Summary for Inmate Intra-system Transfer.

## 19. PHYSICAL EXAMINATIONS

a. **Short-Term Examination.** For individuals in predictably short-term custody (FDCs/MCCs/MDCs/Jails), an initial screening physical examination to determine medical needs will be done **within 14 days of admission** on the appropriate physical examination form.

## **EXHIBIT L**





# Program Statement

OPI: HSD/HSS  
NUMBER: P6541.02  
DATE: 11/17/2004  
SUBJECT: Over-the-Counter  
Medications

1. [PURPOSE AND SCOPE § 549.30. This subpart establishes procedures governing inmate access to Over-The-Counter (OTC) medications for all inmates except those in inpatient status at Federal Medical Centers. Inmates may buy OTC medications which are available at the commissary. Inmates may also obtain OTC medications at sick call if the inmate does not already have the OTC medication and:

- a. Health services staff determine that the inmate has an immediate medical need which must be addressed before his or her regularly scheduled commissary visit; or
- b. The inmate is without funds.]

This Program Statement establishes a program allowing inmates improved access to Over-the-Counter (OTC) Medications by making them available for sale in the commissary and improves the allocation of medical resources so that inmates' medical needs will continue to be met.

2. **PROGRAM OBJECTIVES.** The expected results of this program are:

- a. Inmates will have access to Over-the-Counter (OTC) medications in the institution commissary.
- b. Personal resources will be used by inmates to obtain OTC medications that are indicated for cosmetic and general hygiene issues or symptoms of minor medical ailments.
- c. Health Services resources will be better used during inmate triage/sick-call.

3. **SUMMARY OF CHANGES.** The change, authorized under new rules language now reads, "An inmate without funds is an inmate who has not had a trust fund account balance of \$6.00 for the past 30 days.

**4. DIRECTIVES AFFECTED**

**a. Directive Rescinded**

P6541.01 Over-the-Counter Medications (9/10/2003)

**b. Directives Referenced**

P4500.04 Trust Fund/Warehouse/Laundry Manual (6/16/97)  
P6000.05 Health Services Manual (9/15/96)

**5. STANDARDS REFERENCED**

a. American Correctional Association 4<sup>th</sup> Edition Standards for Adult Correctional Institutions: 4-4379

b. American Correctional Association Standards for Adult Local Detention Facilities: 3-ALDF-4E-17M

**6. REFERRING INMATES FOR OTC MEDICATIONS.** All Bureau institutions will stock at least 25 OTC medications as referenced in the Trust Fund/Warehouse/Laundry Manual. The Administration Division, Trust Fund Branch and the Health Services Division's Medical Director will determine which OTC medications and other medically related items (e.g., dietary/herbal/natural products) will be approved or not approved for sale in the commissary.

The commissary will provide a current list of all OTC medication stocked in the commissary to the Health Services Administrator (HSA). The HSA will ensure the list of OTC medications is distributed to all health care providers.

- The HSA/Pharmacist will be a member of the local commissary committee to ensure the local commissary medical items follow the restrictions of the Trust Fund/Warehouse/Laundry Manual and that medical related commissary items are appropriate for the medical conditions of the inmates housed at that facility.

During institution triage/sick call, medical staff will refer inmates to the commissary in response to complaints related to cosmetic and general hygiene issues or symptoms of minor medical ailments.

Examples of these complaints are:

- Occasional constipation
- Seasonal allergies
- GI upset
- Dandruff
- Uncomplicated Athlete's Foot
- Acne

- Vitiligo
- Chapped Lips
- Dry Hands
- Muscle Aches from Exertion

Institutions will have a local procedure providing inmates access to commissary on other than their assigned commissary day to obtain OTC medication. A local procedure will be developed to provide inmates housed in Special Housing Units access to OTC medication from the Pharmacy.

**7. PAYMENT FOR OTC MEDICATIONS.** Inmates will purchase OTC medications from the commissary with their personal funds. However, inmates will be given OTC medications at the institution pharmacy if they are determined to be without funds (indigent). Refer to Section 7.

The Computer Services Manager will establish a Browser-based Application for Inmate Account Inquiry for health services staff to access individual inmate account record information within the Trust Fund Accounting and Commissary System (TRUFACS).

Institutions that have not yet implemented TRUFACS will establish a local procedure to distribute a weekly listing of inmates without funds (indigent inmates) to the HSA. The HSA will ensure the list is distributed to all health care providers.

**8. [INMATES WITHOUT FUNDS \$ 549.31**

- a. The Warden must establish procedures to provide up to two OTC medications per week for an inmate without funds. An inmate without funds is an inmate who has not had a trust fund account balance of \$6.00 for the past 30 days.
- b. An inmate without funds may obtain additional OTC medications at sick call if health services staff determine that he/she has an immediate medical need which must be addressed before the inmate may again apply for OTC medications under this section.
- c. To prevent abuses of this section (e.g., inmate shows a pattern of depleting his or her commissary funds before requesting OTC medications), the Warden may impose restrictions on the provisions of this section.]

**9. PROCEDURES FOR INMATES UNABLE TO AFFORD OTC MEDICATIONS.**

All inmates, including those without funds (indigent), will have the same opportunity to obtain OTC medications (once weekly).

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Each institution will establish one day per week for this purpose.

Inmates without funds (indigent inmates) will be supplied with OTC medication at the institution pharmacy (Attachment A). Inmates who wish to obtain OTC medications, must come to the institution pharmacy at the first pill line on the designated day and turn in the request.

One request per inmate per week will be accepted.

- The inmate will select no more than two items on the Inmate Over-the-Counter Medications Request form (BP-S788). If he or she needs more than two items, he or she must attend triage/sick call.
- When the pharmacy staff receives the form, they will verify the requesting inmate is without funds (indigent) by reviewing the TRUFACS browser based application report for inmates without funds (indigent inmates).
- Pharmacy staff will maintain a record of the OTC item(s) issued to a given inmate for 30 days (e.g., maintain the BP-S788 form in a 30 day suspense file).

Attachment A lists medications used to treat or alleviate common symptoms safely without the need for a medical examination, consistent with self-treatment practices in the community.

In addition, other medications and medically-related items are stocked in the commissary but do not appear on Attachment A. These items are stocked in the commissary for the inmates' convenience but are not considered medically necessary items which must be made available to inmates without funds (indigent inmates).

If an inmate without funds (indigent inmate) desires an OTC medication or medically-related item which the commissary stocks, but is not listed on the BP-S788, the inmate may access triage/sick call through the usual procedures and request the item. The health care provider will determine the request's medical appropriateness and may issue an appropriate quantity of the item to the inmate.

**10. SPECIAL PROCEDURES FOR FEDERAL MEDICAL CENTERS.** Inmates classified as outpatient or general population at Federal Medical Centers will participate in this program.

/s/  
Harley G. Lappin  
Director



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LIST OF MEDICALLY-NECESSARY OTC MEDICATIONS THAT WILL BE SUPPLIED  
AT THE PHARMACY FOR INMATES WITHOUT FUNDS (INDIGENT INMATES)  
IN THEIR TRUST FUND ACCOUNT

MEDICATION	WEEKLY AMOUNT	MONTHLY AMOUNT
Acetaminophen 5gr Tablets	24	100
Aspirin 5gr Tablets	24	100
Chlorpheniramine 4mg Tablets	24	100
Hydrocortisone Cream 0.5%		1 tube
Mylanta II/Maalox Plus Liquid	5 oz	12 oz
Milk of Magnesia Liquid		12 oz
Psyllium Muciloid Powder SF		14 oz
Selenium 1% Shampoo		4 oz
Simethicone 40mg Tablets	24	100
Tolnaftate 1% Cream		15 gm

## **EXHIBIT M**

FCC FORREST CITY COMMISSARY LIST

MAXIMUM SPENDING LIMIT \$360.00

CHECK BULLETIN BOARD FOR SHOPPING SCHEDULE AND CHANGES BEFORE TURNING YOUR LIST IN  
NO SUBSTITUTIONS OF ADD ONS AT THE WINDOW

\*\*\*\*\*ALL SALES FINAL\*\*\*\*\*ALL SALES FINAL\*\*\*\*\*ALL SALES FINAL\*\*\*\*\*

NOTE: IF YOU DO NOT SHOW AT THE WINDOW WHEN YOUR NAME IS CALLED, YOU WILL FORFEIT YOUR SHOPPING PRIVILEGE UNTIL THE FOLLOWING WEEK  
PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE!! K\* DENOTES KOSHER ITEMS

INMATE NAME: \_\_\_\_\_ REG. NO. \_\_\_\_\_ (CIRCLE IF 1ST TIME SHOPPER)

INDIVIDUAL STAMPS				POSTAGE STAMPS * LIMIT 1 BOOK			
_____	_____	_____	_____	_____	_____	_____	_____
\$0.02				\$1.00			
\$0.17				BOOK OF 20 (\$0.50 FOREVER STAMPS)			
\$0.50				\$10.00			

- \_\_\_\_ PHOTO TICKETS (LIMIT 8 - TRANSFERABLE / NON-REFUNDABLE) \$1.00 EACH
- \_\_\_\_ COPIER CARD - LIMIT 3 - NON-TRANSFERABLE / NON-REFUNDABLE) \$6.50 EACH (50 COPIES PER CARD) (UDC/DHO)
- \_\_\_\_ MASTER PADLOCK (NON-REFUNDABLE) \$6.50 EACH (UDC/DHO)

BATTERIES / LIMIT 2 PACK TOTAL  
\_\_\_\_ POWERCELL AAA \$0.85 \_\_\_\_ POWERCELL AA \$0.85 \_\_\_\_ CR 2016 (G-SHOCK) \$2.20 \_\_\_\_ CR 2025 (IRONMAN) \$2.50 \_\_\_\_ CR 2032 (CAL) \$3.90

ELECTRONICS / LIMIT 1 EACH *****WARRANTY ITEMS - NO RETURNS*****			
____ KOSS HEADPHONES CL-5	\$9.25	____ KOSS HEADPHONES CL-10	\$31.10
____ CL3-N EAR BUD	\$4.69	____ BATTERY DIGITAL ALARM CLOCK	\$10.00
____ SKULL CANDY JIBS	\$9.10	____ G-SHOCK WATCH	\$75.00
____ KOSS EAR BUD	\$10.00	____ G-SHOCK WATCH BAND	\$7.00
		____ IRONMAN WATCH BAND	\$11.05
		____ TIMEX WATCH	\$19.50
		____ CASIO WATCH	\$37.70

FROZEN ICE CREAM PINTS K\*  
LIMIT 3\*\*\*\*LIMIT 3\*\*\*\*LIMIT 3\*\*\*\*LIMIT 3\*\*\* \$2.05

FLAVOR: \_\_\_\_\_  
FLAVOR: \_\_\_\_\_  
FLAVOR: \_\_\_\_\_

\_\_\_\_ ICE CREAM SANDWICH K\* \$0.90

HEALTH/OTC MEDICAL / LIMIT 1 EACH  
NOT INCLUDED IN SPENDING LIMIT  
THESE ITEMS CAN BE PURCHASED ON  
UDC / DHO RESTRICTIONS

____ NEW DAY ASPIRIN	\$1.60
____ IBUPROFEN TABLETS 200MG	\$2.65
____ MEDICATED CHEST RUB	\$2.10
____ LORADINE (LIKE CLARITIN)	\$1.90
____ ALLERGY TABLETS	\$1.60
____ NON ASPIRIN ACETAMINOPHEN	\$2.35
____ VITAMIN C 500MG	\$3.25
____ VITAMIN E 400 IU GEL	\$4.95
____ MULTI-VITAMIN	\$2.45
____ GERI CARE ACID REDUCER TABLETS	\$3.90
____ ARTIFICIAL TEARS	\$2.25
____ SALINE NASAL SPRAY	\$1.85
____ EQUATE ALLERGY 24hr NASAL SPRAY	\$16.90
____ TOLNAFTATE ANTI FUNGAL CREAM	\$1.70
____ HYDROCORTIZONE CREAM	\$1.40
____ QUINSANA ANTI FUNGAL POWDER	\$4.35
____ EYE DROPS	\$2.05
____ NEUTROGENA ACNE SOAP (RED)	\$3.85
____ HEMORRHOIDAL OINTMENT	\$3.85
____ ACNE CREAM	\$1.25
____ ANESTHETIC ORAL GEL	\$1.50
____ MUSCLE RUB	\$2.45
____ TRIPLE ANTIBIOTIC CREAM	\$2.50
____ LACTOSE RELIEF TABS	\$5.20
____ SULFUR 8 MEDICATED SHAMPOO	\$4.10
____ DANDRUFF (DANDREX EQ) SHAMPOO	\$4.80
____ OMEPRAZOLE MAGNESIUM / HEARTBURN	\$10.95
____ ANTACID MAX STRENGTH TABS	\$3.65
____ GOOD SENSE ANTACID	\$3.45
____ GUARDIAN FIBER CAPS (90 COUNT)	\$5.95
____ MILK OF MAGNESIA (LIQUID)	\$2.55
____ SIMETHICONE 80MG ANTI GAS	\$2.75
____ GOOD SENSE COUGH DROPS	\$0.90
____ TUSSIN COUGH	\$2.45
____ DANDRUFF SHAMPOO	\$2.75
____ NAPROXEN	\$3.90
____ STOOL SOFTNER	\$3.15
____ EQUATE LAMISIL CREAM (Athletes Foot)	\$8.85
____ BREATHE RIGHT STRIPS	\$9.10

HEALTH ITEMS / LIMIT 1 EACH	
____ TWEEZERS	\$1.15
____ FINGERNAIL CLIPPERS	\$0.90
____ TOE NAIL CLIPPERS	\$1.15
____ CHARMIN 4PK TOILET PAPER	\$3.45
____ SHEER BANDAGES	\$0.95
____ INSOLE / ODOR CONTROL	\$2.35
____ FUNGI NAIL	\$10.90

DEODORANT / LIMIT 2 (UDC/DHO)  
\_\_\_\_ ROLL ON ANTI-PERSPIRANT \$1.55  
\_\_\_\_ SUAVE SOLID PERF ANTI-PERSP. \$1.85  
\_\_\_\_ DEGREE A/P DEODORANT \$2.50  
\_\_\_\_ CLEAR UNCENTED \$2.65

HAIR CARE / LIMIT 1 EACH	
____ AFRO PIK	\$0.80
____ PALM BRUSH	\$0.50
____ VENTED BRUSH	\$1.00
____ BRISTLE BRUSH	\$2.90
____ LARGE COMB	\$0.40
____ PONY TAIL TIES (LOCAL ONLY)	\$1.25
____ BLACK RUBBER BANDS ( LIMIT 2)	\$0.75
____ DO-RAG	\$1.50
____ ELEMENTZ SHAMPOO (UDC / DHO)	\$1.80
____ ELEMENTZ CONDITIONER	\$1.80
____ PANTEEN CONDITIONER	\$6.50
____ PANTEEN PRO V SHAMPOO	\$6.70
____ BODY WASH (UDC / DHO)	\$2.50
____ SULFER 8 CONDITIONER (GREASE)	\$4.95
____ AFRICAN PRIDE	\$6.55
____ RIKAYAH HAIR AND SCALP COND	\$2.55
____ LOCK AND TWIST GEL	\$3.75
____ STRETCH CAP, WHITE (LOCAL ONLY)	\$3.25
____ PINK OIL MOISTURIZER	\$5.00
____ MURRAY'S POMADE	\$2.45
____ HAIR GEL	\$2.50
____ SOFTEE REGULAR CURL ACTIVATOR	\$2.20
____ LUSTER RELAXER - REGULAR	\$10.40
____ LUSTER RELAXER - SUPER	\$10.40

DENTAL CARE / LIMIT 2 TOTAL	
____ DENTURE BATH	\$2.10
____ DENTURE BRUSH	\$1.80
____ EFFERGRIP DENTURE ADH CREAM	\$5.10
____ FRESH N BRIGHT DENTURE PASTE	\$3.50
____ DENTAL FLOSS PICK	\$1.45
____ UNWAXED DENTAL FLOSS	\$1.70
____ OPTIC WHITE COLGATE	\$5.55
____ MOUTHWASH MINT	\$1.45
____ TOOTHBRUSH COLGATE SOFT	\$0.95
____ TOOTHBRUSH HOLDER	\$0.50
____ COLGATE TARTER WHITENING	\$3.25
____ CLOSE-UP GEL (UDC / DHO)	\$2.40
____ AIM TOOTHPASTE (UDC / DHO)	\$1.70
____ SENSODYNE TOOTHPASTE	\$6.75

SOAPS / LIMIT 4 TOTAL (UDC / DHO)	
EXCEEDS TRANSFER LIMITS	
____ LEVER 2000	\$1.15
____ DIAL SOAP ANTI-BACTERIA	\$0.85
____ DOVE SOAP	\$1.90
____ AMBI COCOA BUTTER SOAP	\$2.30
____ SOAP DISH	\$0.70
____ NEUTROGENA SOAP (BLACK)	\$3.65
____ NEXT 1 COCOA BUTTER BAR SOAP K*	\$0.80

SKIN CARE / LIMIT 1 EACH	
____ ADV. THERAPY LOTION (UDC/DHO)	\$2.65
____ LOTION, COCOA BUTTER UDC/DHO	\$2.80
____ VASELINE INTENSIVE LOTION	\$5.20
____ MUSTACHE SSSORS	\$6.70
____ VASELINE PETROLEUM JELLY	\$2.10
____ BATH / SHOWER POWDER	\$2.15
____ AMBI SKIN FADE CREAM	\$5.60
____ COTTON SWABS	\$1.10
____ COCOA BUTTER STICK 100%	\$1.85
____ CARMEX EZ APPLICATOR	\$1.25
____ SHAVING BAG	\$5.85
____ BUMP STOPPER	\$3.80
____ NOXEMA SKIN CREAM	\$2.20
____ SUNBLOCK	\$3.90
____ PROTECTION SHAVE CREAM	\$2.00
____ PROTECTION DISPOSABLE RAZOR	\$1.70
____ MAGIC SHAVE POWDER	\$2.35
____ MAGIC RAZOR-LESS CREAM	\$4.25
____ GILLETTE MACH 3 RAZOR	\$11.30
____ GILLETTE MACH 3 BLADES	\$18.55
____ AFTERSHAVE GEL	\$2.10

BOOKLIGHT / 1 EACH	
____ BOOKLIGHT BULB	\$1.95
____ LED BOOKLIGHT	\$12.95
____ MINI FOLDABLE BOOKLIGHT	\$5.75

GREETING CARDS	
____ VARIETY 5PK W/MESSAGE	\$1.50
____ VARIETY 5PK BLANK	\$1.50

RELIGIOUS OILS / LIMIT 2 EACH	
____ CK1	\$4.50
____ V.EROS	\$5.20

LOCAL USE ONLY	
____ TYPEWRITER RIBBON	\$9.10
____ LIFT OFF TAPE	\$1.05
____ BIC WHITE-OUT TAPE	\$2.60
____ GLOVES, WOOL GREY	\$5.45
____ SHOE LACES, WHITE	\$1.15
____ 4 PC UTENSIL SET	\$2.80
____ PLASTIC BOWL 5.5 CUPS	\$3.25



<b>SOUPS</b>		<b>OTHER FOOD ITEMS</b>		<b>SUNDRIES ITEMS / LIMIT 1 EACH</b>	
CAJUN CHICKEN CUP SOUP	\$0.55	CHEESE LOG	\$1.80	HANDKERCHIEFS (LIMIT 5)	\$0.75
SHRIMP CUP SOUP	\$0.55	VELVEETA SQUEEZE CHEESE	\$3.45	PONCHO	\$2.75
RAMEN CHICKEN	\$0.25	SUGAR TWIN (SUBSTITUTE) 100pk K*	\$1.85	MESH GRAY GYM BAG	\$9.10
RAMEN VEGETABLE SOUP	\$0.25	SAZON SEASONING	\$1.60	LOCKER MIRROR	\$2.45
RAMEN TEXAS BEEF	\$0.25	PEANUT BUTTER K*	\$2.15	22oz CLEAR MUG	\$1.95
<b>CHIPS AND POPCORN</b>		DILL PICKLE	\$0.85	PHOTO ALBUM 17sht 13X13 (4X6)	\$11.05
THE WHOLE SHABANG	\$1.25	VELVEETA MAC & CHEESE	\$1.05	PHOTO ALBUM REFILL SHEETS	\$4.90
DORITOS	\$1.95	CHEESE RICE K*	\$1.75	SEWING KIT	\$1.95
TORTILLA CHIPS	\$1.70	IDAHOAN LOADED MASHED POTATOES	\$2.10	BLACK LIQUID WAX	\$2.50
HOT PORK RINDS	\$1.30	RICE 8oz K*	\$1.40	DATEXX HANDHELD CALCULATOR	\$5.10
PIZZA CHEESE PUFFS	\$1.90	FLOUR TORTILLA K*	\$1.15	PLASTIC HANGER (CAMP ONLY)	\$0.40
BBQ CHIPS	\$1.75	OATMEAL VARIETY K*	\$2.60	DICTIONARY	\$3.85
HOT CHEETOS	\$1.80	CORN TORRILLA	\$1.05	ADDRESS BOOK	\$2.45
<b>COOKIES</b>		F/S REFRIED BEANS K*	\$2.05	#2 PENCIL	\$0.15
BUDS BUTTERFINGER COOKIES	\$1.05	SRIRACHA HOT CHILI SAUCE	\$2.90	CATALOG ENVELOPES	\$0.20
OATMEAL COOKIES	\$1.15	PICANTE SAUCE	\$1.80	BIC PEN 2pk	\$1.10
VANILLA WAFFERS K*	\$1.05	CHILI GARLIC SAUCE	\$1.95	WRITING PAD	\$1.05
SUGAR FREE STRAWBERRY WAFFERS K*	\$0.65	HUNTS BBQ SAUCE	\$1.65	ENVELOPES #10	\$1.65
LEMON CREME COOKIES	\$0.55	SOY SAUCE K*	\$1.20	PIRHANNA SUNGLASSES	\$2.20
<b>CRACKERS</b>		KEEFE HOT SAUCE	\$0.90	CLIP-ON GLASSES	\$4.15
WORTZ HONEY GRAHAM K*	\$2.15	SALT & PEPPER SET K*	\$2.05	READING GLASSES (CIRCLE ONE)	\$7.80
SALTINE CRACKERS	\$1.95	MUSTARD 12pk K*	\$0.55	1, 1.25, 1.5, 1.75, 2, 2.25, 2.5, 2.75, 3	
CHEESE CRACKERS	\$2.40	HONEY K*	\$2.95	TIDE DETERGENT (CAMP ONLY)	\$6.10
SNACK CRACKERS K*	\$2.70	RANCH DRESSING 5pk	\$1.70	HERITAGE DETERGENT (CAMP ONLY)	\$1.40
<b>PASTRIES</b>		OLIVE OIL 8.5oz	\$2.55	DRYER SHEETS	\$1.95
POP TARTS K*	\$3.00	BLUE PLATE MAYO	\$3.40	PALMOLIVE DISH LIQUID	\$1.20
CUP CAKE	\$0.75	CHORIZO BEANS	\$2.15	POKER CARDS	\$3.25
ULTRA FIT BAR	\$1.80	JALAPENO WHEELS K*	\$1.85	DOMINOS	\$3.70
CLIFF BAR	\$1.95	STRAWBERRY PRESERVES	\$2.80	CHESS SET	\$4.95
ICEY WHITE HONEY BUN K*	\$0.75	REAL LEMON	\$0.80	PINOCHLE CARDS	\$1.70
NUTRA GRAIN BAR	\$0.30	DASH SEASONING	\$2.80	MULTI-PURPOSE PAPER	\$1.50
OATMEAL CREAM PIE	\$1.70	CAJUN SEASONING	\$1.40	<b>ATHLETIC ITEMS / LIMIT 2 EACH</b>	
PLAIN BAGELS	\$0.60	GARLIC POWDER	\$1.60	HEADBAND WHITE	\$1.45
NUTTY BARS	\$1.70	CHOPPED ONIONS K*	\$1.25	RAQUETBALL 3pk	\$6.50
ZEBRA CAKES	\$1.90	VEGETABLE FLAKES K*	\$1.05	ANKLE SOCKS (10-12)	\$5.85
<b>NUTS AND CANDIES</b>		SEASONED SALT	\$1.15	ANKLE SOCKS (13-15)	\$5.85
SUGAR FREE FRUIT BUTTONS K*	\$0.75	SUN MAID DATES	\$2.90	UNDER ARMOUR ANKLE SOCKS	\$13.65
TWIZZLERS	\$1.30	PRUNES	\$2.90	3pk SOCKS (10-12)	\$5.85
SUNFLOWER KERNELS	\$0.60	HONEY OAT CLUSTERS	\$3.25	3pk SOCKS (13-15)	\$5.85
SALTED PEANUTS 12OZ K*	\$2.90	DRIED CHILI & TOMATO	\$1.20	BASEBALL CAP	\$4.30
CARAMEL DELIGHT	\$1.85	VELVEETA CHEESE BLOCK	\$5.75	GRAY SKULL CAP	\$3.90
KARS SWEET & SALTY NUT MIX K*	\$0.90	FROSTED FLAKES	\$2.90	<b>BOXER BRIEFS / LIMIT 2 (UDC / DHO)</b>	
HEAVENLY TRAIL MIX	\$2.90	TOOTIE FRUTIES	\$2.90	M L XL	\$10.40
CHICO STICK	\$0.30	ROLLED OATS	\$1.95	2XL 3XL	\$13.00
REESES	\$0.90	SWEET & HOT SAUCE	\$2.20	<b>T-SHIRT / LIMIT 2 (RUSSELL BRAND)</b>	
SNICKERS BAR K*	\$0.90	<b>COFFEE / LIMIT 4 TOTAL (LOCAL USE)</b>		***** CIRCLE SIZE*****	
STAR-LITE MINTS	\$0.95	DECAF COFFEE / CLEAR POUCH K*	\$3.35	M, L, XL, 2X, 3X, 4X, 5X	\$6.50
BUTTERFINGER	\$0.90	FOLGERS COFFEE K*	\$3.40	<b>THERMAL SHIRT / LIMIT 2 (UDC / DHO)</b>	
M&M PEANUTS K*	\$0.90	CAPPUCCINO POUCH 8oz K*	\$1.65	S M L XL	\$9.10
HEALTH MIX	\$1.20	CREAMER K* (LIMIT 6)	\$2.25	2X 3X 4X 5X 6X	\$10.40
WERTHERS	\$2.40	COFFEE KEEFE FREEZE DRIED K*	\$3.05	<b>THERMAL PANTS / LIMIT 2 (UDC / DHO)</b>	
SKITTLES WILD BERRY	\$0.90	<b>JUICES &amp; DRINKS</b>		S M L XL	\$9.10
CHEWY LEAMON HEADS	\$0.90	BERRY BLUE 8pk	\$1.15	2X 3X 4X 5X 6X	\$10.40
M&M PLAIN K*	\$0.90	V-8 JUICE	\$1.25	<b>SHORTS (RUSSELL NO POCKET) / LIMIT 2</b>	
KIT KAT	\$0.90	C/T LEMONADE K* (LOW, CAMP)	\$2.05	M	\$10.40
JELLY BEANS	\$0.80	TANG (POUCH) K* (LOW, CAMP)	\$2.10	L XL 2X 3X 4X	\$11.70
JOLLY RANCHERS	\$0.85	GREEN BERRY RUSH 8pk	\$1.15	5X	\$15.60
<b>MEATS &amp; FISH</b>		JOLLY RANCHER WATERMELON	\$1.20	<b>SHOES (LIMIT 1, ANY TYPE SHOES 9 MO)</b>	
PINK SALMON POUCH K*	\$2.55	LEMON BERRY	\$1.15	SHOWER SHOES M, L, XL, 2X	\$2.60
F.C. FISH STEAK (POUCH) 3.53oz K*	\$1.00	POLAR BLAST	\$1.20	SHOWER SHOES 3X	\$6.50
MACKEREL (POUCH) K*	\$1.10	WILD PURPLE SMASH	\$1.20	U A DASH RUN 2	SZ \$49.95
CHILI HOT (POUCH) 11.25oz	\$1.60	DRY MILK	\$3.50	NIKE RUN SWIFT	SZ \$69.95
CHILI W/BEANS (POUCH) 11.25oz	\$1.60	TROP PUNCH(POUCH) K*(LOW, CAMP)	\$2.05	REEBOK NYLON CLASSIC	SZ \$45.00
BUFFALO CHICKEN BITES	\$2.05	WYLLERS LIGHT ICED TEA WITH PEACH K*	\$1.30	NIKE PERCISION	SZ \$69.95
BUMBLE-BEE TUNA	\$2.15	HOT COCOA (POUCH) K*	\$1.75	GEL INSOLES	SZ \$14.30
TUNA-WHITE ALBACORE (POUCH) K*	\$1.95	HEALTH SHAKE	\$1.50	AMAZON BOOTS	SZ \$71.50
CHICKEN BREAST (POUCH) 3.53oz	\$3.95	<b>DRINKS &amp; SODA / LIMIT 2 - 12PKS TOTAL</b>		TIMBERLAND BOOTS	SZ \$100.00
SPAM SINGLE (POUCH)	\$1.35	MOUNTAIN DEW 12PK	\$5.45		
TITOS BEEF SUMMER SAUSAGE	\$1.70	PEPSI 12PK	\$5.45		
HONEY PEPPER TURKEY STICK	\$1.80	DIET DR PEPPER 12PK	\$5.45		
HOMETOWN HOT N SPICY BEEF STICK	\$1.70	SUNKIST ORANGE 12PK	\$5.45		
PEPPERONI	\$2.10	DEJA BLUE CANNED WATER 6PK	\$2.30		
HOT CHEESE & BEEF STICK COMBO	\$1.30	DR PEPPER 12PK	\$5.45		
<b>WRITE IN SECTION</b>		7 UP 12PK	\$5.45		
		<b>SWEAT PANTS / LIMIT 2 (RUSSELL BRAND)</b>			
		*****CIRCLE SIZE*****			
		S, M, L, XL, 2X, 3X, 4X	\$18.85		
		5X,	\$26.00		
		6X	\$26.00		
		<b>SWEAT SHIRTS / LIMIT 2 (RUSSELL BRAND)</b>			
		*****CIRCLE SIZE*****			
		S, M, L, XL, 2X, 3X, 4X	\$15.50		
		5X, 6X	\$23.40		
		<b>BRIEFS 3PK / LIMIT 2 (UDC / DHO)</b>			
		32-34	\$9.10	3XL	\$11.85
		36-38	\$9.10	4XL	\$12.50
		40-42	\$9.10	5XL	\$14.05

DeWayne Hendrix  
Complex Warden

12/2018



**FCC FORREST CITY**  
**SPECIAL HOUSING COMMISSARY LIST / LISTA DE COMISARIA**  
 ADMINISTRATIVE DETENTION / DETENCION ADMISISTRATIVA (ADM) AND/Y  
 DISCIPLINARY SEGREGATION / SEGREGACION DISIPLINARIA (DIS)  
 MAXIMUM SPENDING LIMIT - \$290.00 / MAXIMO LIMITE DE VENTA - \$290.00

NAME / NOMBRE \_\_\_\_\_

DATE / FECHA \_\_\_\_\_

REGISTER NUMBER / NUMERO DE REGISTRO \_\_\_\_\_

UNIT / UNIDAD \_\_\_\_\_ RANGE / HILERA \_\_\_\_\_

CELL / CELDA \_\_\_\_\_

**WRITE-INS AND COP-OUTS FOR ITEMS NOT ON THIS SHOPPING LIST WILL NOT BE  
 FILLED BY THE COMMISSARY STAFF / COP-OUTS PARA ARTICULOS QUE NO ESTN EN LA  
 LISTA DE COMPRA NO SERAN LLENADOS POR LOS EMPLEADOS DE LA COMISARIA.**

**COMMISSARY RESTRICTIONS:** Inmates on FRP refused status are limited to \$25.00 per month for all items on this SHOPPING LIST. Inmates on UDC restriction are allowed to purchase stamps, hygiene items, and over-the-counter medications identified as UDC/DHO restrictions on this shopping list. Inmates on DHO restriction are limited to \$25.00 per month for purchases of stamps, hygiene items, and over-the-counter medications identified as UDC/DHO restrictions on this shopping list. Restricciones de la Comisaria: Reclusos que se niegan a pagar las Multas (FRP) estan limitados a \$25.00 por mes por todos los articulos en la de compra. Reclusos con restriccion en UDC estan permitidos a comprar estampillas, articulos de higiene y los medicamentos en las ventanilla (OTC) indentificados con restricciones UDC/DHO en la lista de compras. Reclusosen restricciones de DHO son kimitados a \$25.00 por mes para la compra de estampillas productos de higiene y medicamentos en la ventanilla, ustedes estan identificados como UDC/DHO restrinijidos en la lista de compra.

**\*\*\*\*\* IF YOUR NAME AND NUMBER IS NOT LISTED YOU WILL NOT SHOP\*\*\*\*\***

**POSTAGE STAMPS (LIMIT \$10.00 PER WEEK) / SELLO DE CORRELO (LIMITE \$10.00 A LA SEMANA)**

Adm/Disc	\$0.50	_____	SINGLE -INDIVIDULE / SENCILLO-INDIVIDUAL	(UDC / DHO restrictions)
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**DEODORANT / DESODORANTE (UDC / DHO restrictions)****LIMIT 1 TOTAL / LIMITE 1 ESTOTAL**

Adm/Disc	\$1.75	_____	ROLL-ON ANTI-PERSPIRANT ALCOHOL FREE DEODORANT
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**MISCELLANEOUS ITEMS / MARTICULOS EN PARTICULAR****LIMIT 1 EACH / LIMITE 1 CADA**

\$0.45	_____	LOTION (4oz)	
\$7.80	_____	READING GLASSES (CIRCLE STRENGTH)	1.0, 1.5, 2.0, 2.5, 3.0
\$1.05	_____	LEGAL PAD	
\$0.20	_____	CATALOG ENVELOPE (LIMIT 5)	
\$41.85	_____	SANGEAN RADIO	
\$4.65	_____	CLEAR EAR BUDS	
\$0.50	_____	PALMBRUSH	
\$2.60	_____	SHOWER SHOES (CIRCLE SIZE)	LRG, XL, 2XL
\$6.50	_____	3XL SHOWER SHOE	

**BATTERIES / BATERIAS****LIMIT 1 TOTAL / LIMITE 1 ESTOTAL**

\$0.85	_____	POWERCELL AA BATTERIES	\$0.85	_____	POWERCELL AAA BATTERIES
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**ADM / DIS OTC MEDICAL ITEMS (not on spending limit)****LIMIT 1 EACH / LIMITE 1 CADA / 2 TOTAL**

\$2.35	_____	NON-ASPRIN Acetaminophen	\$1.60	_____	NEW DAY ASPRIN
\$1.60	_____	ALLERGY TABLETS	\$2.55	_____	MILK OF MAGNESIA (Liquid)
\$2.45	_____	MULTI-VITAMIN	\$7.15	_____	DENTURE STRIPS
\$1.70	_____	TOLNALFTATE Antifungal Cream	\$1.55	_____	HYDRO CREAM
\$5.95	_____	FIBER CAPS (90 COUNT)	\$4.50	_____	DANDRUFF SHAMPOO
\$3.65	_____	LIQUID ANTACID G/SENSE	\$7.70	_____	ZANTAC
\$1.25	_____	CARMEX	\$2.65	_____	IBUPROFEN
			\$3.65	_____	NEUTROGENA SOAP (BLACK)

**ADM ONLY FOOD ITEMS / LIMIT 1 TOTAL / LIMITE 1 ESTOTAL**

\$0.90	_____	KIT KAT	\$0.90	_____	SNICKERS
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**\*\*\*HYGIENE RESTRICTION CAN NOT RECEIVE BATTERIES OR CANDY\*\*\***

\*\*\*\*ALL PRICES SUBJECT TO CHANGE WITHOUT NOTICE / TODOS LOS PRECIOS ESTAN SUBETADOS A CAMIAR SIN ABISR.\*\*\*\*

\*\*\*\*NO SUBSTITUTIONS OR ADDITIONS WILL BE MADE AFTER YOUR LIST HAS BEEN TURNED IN / NO SUBSTITUCIONES O\*\*\*\*

\*\*\*\*ADICIONES SERAN HECHAS CUANDO USTED ENTREGUE SU LISTA.\*\*\*\*

DeWayne Hendrix, Complex Warden

**EXHIBIT N**  
**FILED UNDER SEAL**

**EXHIBIT O FILED UNDER SEAL**

**EXHIBIT P FILED UNDER SEAL**



## **EXHIBIT Q**

SALES INVOICE --S.B.U.--

FORREST CITY - FCC

MAIN

ACCOUNT No. 30515112 TF21693

GONZALEZ, GABRIEL

08/07/2020 Time 09:32:57 TX ID 12932746

Receipt# 15

## BEGINNING BALANCES:

Available Balance is N/A

Spending Limit Balance is N/A

Account Balance is \$287.38

QTY	DESCRIPTION	PRICE
. 1	ANTACID A2Z	\$3.25
1	COLGATE B SODA/PERO TOOTHPASTE	\$3.25
1	COLGATE TOOTHBRUSH NEW	\$0.95
2	DIAL SPRINGWATER	\$1.70
3	FLOUR TORTILLA SAYULITA	\$3.45
. 1	IBUPROFEN A2Z	\$2.65
. 1	LORATADINE	\$1.90
1	MAYONAISE BLUE PLATE	\$3.40
. 1	OMEPRAZOLE NEW	\$8.95
# ITEMS SOLD: 12		
	CHARGE 30515112	\$29.50

## ENDING BALANCES:

Available Balance is N/A

Spending Limit Balance is N/A

Account Balance is \$257.88

Fingerprint Verified

Signature

SALES INVOICE --S.B.U.--

FORREST CITY - FCC

MAIN

ACCOUNT No. 30515112 TF21366

GONZALEZ, GABRIEL

08/28/2020 Time 13:25:38 TX ID 12946863

Receipt# 47

## BEGINNING BALANCES:

Available Balance is N/A

Spending Limit Balance is N/A

Account Balance is \$327.88

QTY	DESCRIPTION	PRICE
10	9 X 12 MANILLA FOLDER NO METAL	\$2.00
1	BLUE BELL ICE CREAM	\$2.15
1	CORN TORTILLA SHELLS	\$1.05
5	FLOUR TORTILLA SAYULITA	\$5.75
1	GRAPE JELLY MAX	\$1.95
1	HONEY	\$3.00
1	IBUPROFEN A2Z	\$2.65
2	KARS SWEET AND SALTY MIX	\$1.80
1	LORATADINE	\$1.90
1	MASTER PADLOCK #1525	\$6.25
2	MAYONAISE BLUE PLATE	\$6.80
2	MOONLODGE SOUR CREAM & ONION	\$2.40
1	OMEPRazole NEW	\$8.95
2	PLAIN M&M	\$1.90
10	RAMEN PICANTE BEEF	\$2.50
3	TORTILLA CHIP SAYULITA CATINA	\$5.10
	# ITEMS SOLD: 44	
	CHARGE 30515112	\$56.15

## ENDING BALANCES:

Available Balance is N/A

Spending Limit Balance is N/A

Account Balance is \$271.73

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Signature

SALES INVOICE --S.B.U.--

FORREST CITY - FCC

MAIN

ACCOUNT No. 30515112 TF21366

GONZALEZ, GABRIEL

09/24/2020 Time 09:29:00 TX ID 12965158

Receipt# 25

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BEGINNING BALANCES:

Available Balance is N/A

Spending Limit Balance is N/A

Account Balance is \$311.73

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QTY	DESCRIPTION	PRICE
. 1	ANTACID A2Z	\$3.25
2	APPLE PIE HOSTESS MINI 12PK	\$9.40
2	BLUE BELL ICE CREAM	\$4.30
5	BROAD STREET HONEY BUNS	\$4.00
1	CORN TORTILLA SHELLS	\$1.05
5	FLOUR TORTILLA SAYULITA	\$5.75
1	JAMAICAN FRUIT 2 OZ	\$6.50
2	KARS SWEET AND SALTY MIX	\$1.80
. 1	LORATADINE	\$1.90
1	MAYONAISE BLUE PLATE	\$3.40
. 1	OMEPRAZOLE NEW	\$8.95
5	PEANUT BUTTER COOKIE GRANDMA	\$2.75
2	PLAIN M&M	\$1.90
2	TORTILLA CHIP SAYULITA CATINA	\$3.40
1	VELVEETA SQUEEZE CHEESE	\$3.45
	# ITEMS SOLD: 32	
	CHARGE 30515112	\$61.80

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ENDING BALANCES:

Available Balance is N/A

Spending Limit Balance is N/A

Account Balance is \$249.93

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Fingerprint Verified

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Signature



SALES INVOICE --S.B.U.--

FORREST CITY - FCC

MAIN

ACCOUNT No. 30515112 TF21522

GONZALEZ, GABRIEL

11/09/2020 Time 10:07:13 TX ID 12995509

Receipt# 20

## BEGINNING BALANCES:

Available Balance is N/A

Spending Limit Balance is N/A

Account Balance is \$668.22

QTY	DESCRIPTION	PRICE
2	APPLE PIE HOSTESS MINI 12PK	\$9.40
1	BIC DISP. RAZOR	\$2.10
2	BLUE BELL ICE CREAM	\$4.30
2	BUDS BEST VANILLA WAFERS	\$2.10
1	CORN TORTILLA SHELLS	\$1.05
1	DENTAL FLOSS PICKS COOL WAVE	\$1.50
4	DIAL SPRINGWATER	\$3.40
1	EAR WAX REMOVAL	\$1.95
8	FLOUR TORTILLA SAYULITA	\$9.20
1	G/S COUGH DROPS	\$0.95
1	GLAZED DONUTS HOSTESS	\$3.60
1	HONEY	\$3.00
1	IBUPROFEN A2Z	\$2.65
4	ICED OATMEAL COOKIE (NEW)	\$4.60
4	KARS SWEET AND SALTY MIX	\$3.60
2	LEGAL PAD	\$2.10
2	LORATADINE	\$3.80
2	MASHED POTATOES LOADED BAKED	\$4.10
2	MAYONAISE BLUE PLATE	\$6.80
2	MOONLODGE SOUR CREAM & ONOIN	\$2.40
1	OMEPRazole NEW	\$8.95
10	PEANUT BUTTER COOKIE GRANDMA	\$5.50
5	PLAIN M&M	\$4.75
5	RAMEN, TX. BEEF	\$1.25
3	RICE-CHEESE	\$5.25
1	SOY SAUCE PANOLA	\$1.20
1	STARLIGHT MINTS	\$0.60
1	STRAWBERRY JELLY MAX	\$1.95
1	TOAST'EM POP TART VARIETY PK	\$3.00
3	TORTILLA CHIP SAYULITA CATINA	\$5.10
2	VELVEETA SQUEEZE CHEESE	\$6.90

# ITEMS SOLD: 77

CHARGE 30515112 \$117.05

ENDING BALANCES:

Available Balance is N/A

Spending Limit Balance is N/A

Account Balance is \$551.17

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Signature

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FORREST CITY - FCC

MAIN

ACCOUNT No. 30515112 TF21366

GONZALEZ, GABRIEL

02/04/2021 Time 07:22:18 TX ID 13058144

Receipt# 5

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BEGINNING BALANCES:

Available Balance is N/A

Spending Limit Balance is N/A

Account Balance is \$309.37

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QTY	DESCRIPTION	PRICE
. 1	A2Z ACETAMINOPHEN	\$2.35
1	DIAL ANTIBACTERIAL SOAP	\$0.85
1	LEGAL PAD	\$1.05
. 1	OMEPRazole NEW	\$8.95
1	T-SHIRT XLG L/S	\$9.90
# ITEMS SOLD: 5		
	CHARGE 30515112	\$23.10

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## ENDING BALANCES:

Available Balance is N/A

Spending Limit Balance is N/A

Account Balance is \$286.27

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Signature

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FORREST CITY - FCC

MAIN

ACCOUNT No. 30515112 TF21522

GONZALEZ, GABRIEL

02/22/2021 Time 11:26:31 TX ID 13070424

Receipt# 40

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BEGINNING BALANCES:

Available Balance is N/A

Spending Limit Balance is N/A

Account Balance is \$751.97

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QTY	DESCRIPTION	PRICE
2	DIAL ANTIBACTERIAL SOAP	\$1.70
1	G/S COUGH DROPS	\$0.95
3	HERR'S POPCORN ORIGINAL	\$3.75
1	IBUPROFEN A2Z	\$2.65
1	OMEPRazole NEW	\$8.95
1	SUAVE POWDER SCENT DEODORANT	\$1.85
1	T-SHIRT XLG L/S	\$9.90
1	TOAST'EM POP TART VARIETY PK	\$3.00
# ITEMS SOLD: 11		
	CHARGE 30515112	\$32.75

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## ENDING BALANCES:

Available Balance is N/A

Spending Limit Balance is N/A

Account Balance is \$719.22

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Fingerprint Verified

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Signature



**EXHIBIT R**  
**FILED UNDER SEAL**

**EXHIBIT S**  
**FILED UNDER SEAL**